

ENTREPRENEURSHIP DEVELOPMENT INSTITUTE OF INDIA
AHMEDABAD

Faculty Development Programme in Entrepreneurship
(at Bengaluru 17th to 29th July 2016)

Please affix
Your Recent
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Color
Photograph

NOMINATION FORM

1. Name: _____
(Frist Name) (Middle Name) (Surname)

2. Date of Birth: _____ Age _____ Years

3. Designation: _____

4. Nominating Institution with postal Address:

Phone: _____ Fax: _____

Mobile: _____

E-mail ID: _____

5. Academic Qualifications: _____

6. Work Experience (Use extra sheet, if needed)

Sl. No.	Name of Organization	Period		Position held
		From	To	

*You may use the photocopy of this nomination form for multiple nominations

7. Relevant Training Received, if any (Use extra sheet, if Needed)

Sl. No.	Name of Organization	Name of the Institute	Period

8. Please narrate briefly how this programme will benefit you in your work area?

9. Payment made through Cash / Demand Draft / Pay Order No. _____

Drawn on (Bank Name): _____

Dated: _____ Amount: ₹. _____

Place:

Candidate's signature

10. Name of the Officer authorized to nominate: _____

Designation: _____

Date:

Signature

Note:

Please mail the Nomination Form with Cash / Demand Draft @₹5000/- (plus 15% Service tax) drawn in favour of "ENTREPRENEURSHIP DEVELOPMENT INSTITUTE OF INDIA (EDII) AHMEDABAD", The filled-in nomination form may be addressed to

Mr. Suhail Palakkod,

Program Director.

E-mail: suhail@ediindia.org / edibangalore@ediindia.org

Mobile: 9539734095 / 9633855395

Landline No. 080-23119361 / 080-23119360

Address: ENTREPRENEURSHIP DEVELOPMENT INSTITUTE OF INDIA

Southern Regional Office, #102, 70th Cross, 17th A Main Road, Rajajinagar 5th Block, Bengaluru- 560010.