

ENTREPRENEURSHIP DEVELOPMENT INSTITUTE OF INDIA
Ahmedabad

Faculty Development Programme in Entrepreneurship
(14-25 December 2020)

Please affix
your recent
passport
colour
photograph

Nomination Form*

1. Name _____
(First Name) (Middle Name) (Surname)

2. Date of Birth _____ Age: _____ Category: Gen/SC/ST/OBC/Minority _____

3. Designation _____

4. Nominating Institution with Postal Address

Mobile No : _____ Phone : _____

E-mail Id : _____

5. Academic Qualifications _____

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

Sr. 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)

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

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

9. Source of information about the programme: (Please tick/Write)

Pamphlets/ Brochures: Newspaper Advertisement: Others: _____

10. Payment made through Cash/ Demand Draft/ Pay Order: No. _____ Drawn on (Bank Name) _____ Dated: _____ Amount: Rs. _____

Place:

Candidate's Signature

11. Name of the Officer authorized to nominate _____
Designation _____

Date:

Signature

Note:

Please mail the Nomination Form with Cash/Demand Draft/at par cheque (@Rs. 5000/- (plus 18% GST) for non-residential participants and Rs. 20000/- (plus 18% GST) for residential participants Drawn in favour of 'Entrepreneurship Development Institute of India' Ahmedabad. The filled-in nomination form may be address to:

Dr. Pankaj Bharti

Programme Director

Entrepreneurship Development Institute of India

P.O. Bhat – 382 428 , Dist. Gandhinagar (Gujarat)

Tel: +91(79) 23969153, 23969158, 23969159, 23969163, Fax: +91(79) 23969164

Mobile: +91 9924441365, E-mail: pbharti@ediindia.org

For Office use only:

Receipt No.

Dt.