



Shree Chanakya Education Society's
Indira School of Business Studies
Approved by A.I.C.T.E.

Management Development Program

Serial No-_____

Nomination Form

Program Title: -----

Program Date: -----

Name: -----

Male:

Female:

Age: in years

Designation: -----

Organization: -----

Address for communication: -----

City: ----- PIN: -----

Phone: (O) ----- R----- FAX: -----

Email: -----

Any Special Diet: -----

Description of present responsibility: -----

Qualification:

Degree	Subject	Year	College/University

Work Experience:

Organization	Position Held	Experience in No. of Years

Date: -----

Signature: -----

Course Fee Structure:

Demand Draft No: ----- Date: ----- Amount:-Rs. -----

Name & Address of the bank on which the draft has been drawn: -----

(Cheque/ DD to be made in favour of “Indira School of Business Studies”, payable at Pune)

TO BE FILLED IF SPONSORED BY YOUR ORGANIZATION

Name of Sponsor: -----

Destination: -----

Name of the Institution: -----

City: ----- PIN:

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Phone: ----- FAX: ----- Email: -----

Date: ----- Signature: -----

Certification Program