ENTREPRENEURSHIP DEVELOPMENT INSTITUTE OF INDIA

Ahmedabad

Faculty Development Programme in Entrepreneurship (18-29 December 2017)

Please affix your recent passport colour

	Nomin	nation Form <u>*</u>		pilotograpii		
Name				<u> </u>		
(First Nan	ne) (Mie	ddle Name)		(Surname)		
Date of Birth	te of BirthAge:Category : Gen/SC/ST/OBC/Minority					
Designation						
Nominating Institution	n with Postal Addres	S				
J						
Phone:	Mobile No		_Fax			
E-mail Id :						
Academic Qualification						
Work Experience (Us	e extra sheet, if neede	ed)				
I I	e of Organization	Perio	d	Position held		
No.		From	То			

^{*} You may use the photocopy of this nomination form for multiple nominations.

	Sr. No.	Name of Organization	Name of the Institute	Period
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	Please narrate	e briefly how this programme v	will benefit you in your work ar	ea?
	Source of info	ormation about the programm	e· (Please tick /Write)	
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	Pamphlets/ E	Brochures: Newspap	per Advertisement: []	Others:
Э.	Payment mad	le through Cash/ Demand Dra	aft/ Pay Order: No	_Drawn on (Bank
	Name)	Dated:	Amount: Rs	
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1.		Officer authorized to nominat	re	
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	Note:			
	(plus 18% Cresidential pa	GST) for non-residential par	Cash/Demand Draft/at par che ticipants and Rs. 22000/- (p of 'Entrepreneurship Devel- n form may be address to:	olus 18% GST) fo
	Dr. Pankaj	Rharti		
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