

AICTE Sponsored Workshop on
GREENSTONE DIGITAL LIBRARIES

NOMINATION FORM

Name _____
Residential Non-residential Male Female Age
Address for communication _____

City _____ Pin
Phone with STD:(O) _____ (R) _____
Fax _____ Mob. _____
Email _____
Name of Institution/Organization _____

Designation _____
Highest Qualification _____
Other Qualifications _____
Is your Institution recognised by AICTE? _____
Regn No. _____ Date _____
Area of specialization _____
Experience Teaching **UG** _____ **PG** _____
Industry experience (if any) _____ Others
(Please specify) _____
No. of Induction Training Programmes already attended _____
Name the Training Programmes attended (if any) at IIMK _____

No. of Publications _____
Details of advance paid:
D D No. _____ Drawn in favour of IIM Kozhikode
payable at Kozhikode dated _____ for Rs. _____/- only.
Signature of Participant _____
Signature of Head of Institution _____
Date _____
Seal of Organization

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