

NOMINATION FORM

Name _____ Programme Title _____

Residential Non-Residential Male Female Age

Address for communication _____

_____ Nearest Railway Station _____

_____ City _____ PIN

Phone (O) _____ (R) _____ Fax _____ e-mail _____

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 _____

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