



MANAGEMENT DEVELOPMENT PROGRAMMES 2011-12

MDP Office, Indian Institute of Management Kozhikode
IIMK Campus P.O., CALICUT-673 570, Kerala, India
Ph: 0495 – 2809208, Mob: 9447100539
mdp@iimk.ac.in www.iimk.ac.in

NOMINATION FORM

Programme Title _____

Name _____

Residential Non -Residential Male Female Age

Designation _____

Organization _____

Address for communication _____

City _____ PIN

Phone with STD Code (O) _____ (R) _____ Mbl _____

e-mail _____

Any special diet _____

Description of present responsibility _____

QUALIFICATIONS

Degree Subject(s) Year College / University

WORK EXPERIENCE

Organization Position held Experience (in Years)

Details of advance paid DD No. _____ Date _____ Rs _____

Name and address of the bank on which the draft is drawn _____

Date _____

Signature _____

TO BE FILLED IF SPONSORED BY YOUR ORGANISATION

Name of the Sponsor _____

Designation _____

Name of the Organisation _____

Address of the Organisation _____

City _____ PIN

Phone _____ Fax _____

Email _____

Date _____

Signature _____

SEAL