

NOMINATION FORM



CHRIST
UNIVERSITY

Declared as Deemed to be University under Section 3 of UGC Act 1956
HOSUR ROAD, BANGALORE - 560029

Management Development Program

Please return this completed form to:

Co-ordinator (MDP)

Christ University Institute of Management, Bangalore - 560 029

Phone : +91 80 4012 9531, Fax : +91 80 4012 9000

Email : mdp@christuniversity.in

www.christuniversity.in

TO BE FILLED IN BY THE NOMINEE

Name _____

Male ☐ Female ☐ Age Date of Birth _____

Designation: _____

Organization: _____

Address for communication: _____

City _____ Pin Fax _____

Phone(Office): _____ (Residence): _____

Mobile _____ Email _____

Description of present responsibilities _____

Designation of executive to whom you report _____

Accommodation for outstation Participants

Required

☐

Not Required

☐

Work experience*Organization**Position**Years of experience*

<i>Organization</i>	<i>Position</i>	<i>Years of experience</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your expectations from this programme _____

Date: _____

Signature: _____

TO BE FILLED IN BY THE SPONSOR

Name of the sponsor _____ Designation _____

Organization _____

Address for communication _____

_____ City _____ PIN

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Phone _____ Fax _____ Email _____

Information on Organization

Total number of employees _____ Major products / services _____

Form of organization ☐ Proprietary ☐ Partnership ☐ Public Sector ☐ Public Ltd. ☐ Others (specify)**Please inform us about the source of information of this programme**

- ☐ Advertisement (Please specify) _____ ☐ Website / Email: _____
☐ Direct Mailing (Yes / No): _____ ☐ Others (Please Specify): _____

Payment Details:

DD No. _____ Date _____ Amount _____

Bank _____