



**Institute of Rural Management, Anand**

**MANAGEMENT DEVELOPMENT PROGRAMME  
NOMINATION FORM**

Name of the MDP: \_\_\_\_\_

Dates: \_\_\_\_\_

**PARTICIPANT'S PROFILE**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ years Gender: \_\_\_\_\_

Current Position/Designation: \_\_\_\_\_

Name of the Organization: \_\_\_\_\_

Official Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (O) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Nationality: \_\_\_\_\_

Passport Details (for non-Indian participants), please attach photocopy of the passport:

No. : \_\_\_\_\_ Issued at : \_\_\_\_\_

Issued on : \_\_\_\_\_ Expires on : \_\_\_\_\_

**Educational Background**

Name of Degree/Diploma	Year	University/Institution

**Work Experience**

Time Period	Position	Organization

**Languages known**


**Responsibilities in your current position**


**Benefits that you perceive from this MDP for yourself and your organization**


**ORGANIZATIONAL DATA**

Full Name: \_\_\_\_\_

Main areas of work: \_\_\_\_\_

Annual Turnover: \_\_\_\_\_

Name and Designation of the Chief Executive: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Participant

\_\_\_\_\_  
Seal of the Organization

\_\_\_\_\_  
Signature of the Sponsoring Authority

**Payment Details:**

Cheque/Demand Draft No.: \_\_\_\_\_ Date: \_\_\_\_\_

Drawn on (Bank): \_\_\_\_\_

Amount (₹/US\$): \_\_\_\_\_ (in words) \_\_\_\_\_