



ENTREPRENEURSHIP DEVELOPMENT INSTITUTE OF INDIA

Near Village Bhat, Via Ahmedabad Airport & Indira Bridge, P.O. Bhat - 382 428

District - Gandhinagar, Gujarat (India)

Tel. : +91 079 23969153, 58 Fax : (079) 23969164 website : www.ediindia.org

FACULTY DEVELOPMENT PROGRAMME IN ENTREPRENEURSHIP

(Place: Bhopal, from 08 - 20 March)

NOMINATION FORM

Please affix
your recent
Passport
Colour
Photograph

1. Name _____

(First Name)

(Middle Name)

(Surname)

2. Date of Birth _____ Age _____ Years _____

3. Designation _____

4. Nominating Institution with postal Address:

Phone : _____ Fax : _____

Mobile : _____

E-Mail Id : _____

5. Academic Qualifications _____

6. Work Experience (Use extra Sheet, if needed)

| Sl. No. | Name of Organization | Period | | Position held |
|---------|----------------------|--------|----|---------------|
| | | From | To | |
| | | | | |
| | | | | |
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*You may use the photocopy of this nomination form for multiple nominations.

7. Relevant Training Received, if any (Use extra sheet, if Needed)

| Sl.No. | Name of Organization | Name of the Institute | Period |
|--------|----------------------|-----------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Please narrate briefly how this programme will benefit you in your work area ?

9. Payment made through Cash/ Demand Draft/ Pay Order No. _____
Drawn on (Bank Name) _____
Dated: _____ Amount Rs. _____

Place :

Candidate's Signature

10. Name of the Officer authorized to nominate: _____
Designation _____

Date :

Note :

Signature

Please mail the Nomination Form with Cash/ Demand Darft @Rs. 5000/- drawn in favour of "Entrepreneurship Development Institute of India (EDII) Ahmedabad " The filled-in nomination form may be addressed to

Dr. Mohammad Hanif Mevati

Programme Director
Central Reg. Off.: 50, New MLA Colony,
Behind Canara Bank, Bhadbhada Road, Bhopal - 462003
Phone : 0755 - 4260015, 24241015
Mobile : 9425020517
E-mail : hanif@ediindia.org