

Indian Institute of Management, Ahmedabad

APPLICATION FORM					
Programme Title	THE CASE METHOD IN MANAGEMENT EDUCATION				
Date	September 27 to 30, 2011				
<p>Please return this completed form to: Faculty Development Programme Office (FDP) Indian Institute of Management, Ahmedabad 380 015 Phone: 91-79-66324961 <input type="checkbox"/> Fax: 91-79-66326896 <input type="checkbox"/> Email: fdpoffice@iimahd.ernet.in</p>					
TO BE FILLED IN BY THE NOMINEE					
Name					
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Age	<input type="text"/>
				Date of Birth	<input type="text"/>
Designation:					
Organization:					
Address for communication:					
City	<input type="text"/>	Pin	<input type="text"/>	Fax	<input type="text"/>
Phone	(Office): <input type="text"/>		(Residence): <input type="text"/>		
Email	<input type="text"/>			Mobile	<input type="text"/>
Description of present responsibilities				<input type="text"/>	
Qualification					
Degree	Subject(s)			Year	College/University
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
Brief Work experience					
Organization (start with current)	Position			Years of experience	
<input type="text"/>	<input type="text"/>			<input type="text"/>	
<input type="text"/>	<input type="text"/>			<input type="text"/>	
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<input type="text"/>	<input type="text"/>			<input type="text"/>	

Previous IIMA programmes attended		
Programme title	Duration	Year

Date: _____

Signature: _____

TO BE FILLED IN BY THE SPONSOR (if the fee is being paid by your institute).					
Note: In case you are sponsoring yourself, leave this section blank.					
Name of the sponsor			Designation		
Organization					
Address for communication					
			City		PIN
Phone		Fax		Email	

Date: _____

Signature: _____

Payment Details:

Cheque / DD No. _____ **Date** _____ **Amount** _____

Bank _____