

NEHRU GROUP OF INSTITUTIONS
Tamil Nadu & Kerala

Faculty Development Programme in Entrepreneurship
(09-21 April, 2018)

Please affix
your recent
passport
colour
photograph

Nomination Form*

1. Name _____
(First Name) (Middle Name) (Surname)

2. Date of Birth _____ Age: _____ Category : Gen/SC/ST/OBC/Minority_____

3. Designation _____

4. Nominating Institution with Postal Address

Phone: _____ Mobile No. _____ Fax _____

E-mail Id : _____

Aadhar Number : _____

5. Academic Qualifications : _____

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

Sr. No.	Name of Organization	Period		Position held
		From	To	

* You may use the photocopy of this nomination form for multiple nominations.

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

Sr. No.	Name of Organization	Name of the Institute	Period

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

9. Source of information about the programme: (Please tick/Write)

Pamphlets/ Brochures: Newspaper Advertisement: Others: _____

10. Avail Boarding Facility: (Please tick/Write) Yes No

Place:

Candidate's Signature

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

12. Name of the Officer authorized to nominate _____

Designation _____

Date:

Signature

Note: Please mail the Nomination Form with Cash/Demand Draft/at par cheque (@Rs. 2,500/-) for participants Drawn in favour of 'Research and Development Cell, Nehru Group of Institutions, Thirumalayampalayam, Coimbatore'. The filled-in nomination form may be address to:

Programme Director

Dr. S. Prakash,

Director - Research & Head ED - Cell,

Nehru Group of Institutions,

Thirumalayampalayam,

Coimbatore 641 105, Tamil Nadu

Ph: +91 98427 03828, +91 95978 88907

Email: drprakashresearch@gmail.com

Website: www.nehrucolleges.com

For Office use only:

Receipt No.

Dt.