

Employment Record

(Please mention all job positions held till date)

<i>Name of the Organization</i>	<i>Designation</i>	<i>Period</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Description of duties and responsibilities and the key functional areas in which the nominee has worked, and duration

Training programmes attended during the last 3 years

<i>Name of the Institution</i>	<i>Programme Title</i>	<i>Duration</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Expectations from the Programme

(Please describe your expectations and in addition please also indicate your interest areas and how you can contribute to the deliberations)

Personal Particulars

Blood Group _____ ; Any special medical assistance required during stay at NIBM (Cost to be borne by the Nominee) _____

Person(s) to be contacted in case of emergency

Name _____

Full Address _____

Tel. : _____ Mobile : _____ Fax : _____ E-mail : _____

Signature of the Nominee