



MDP ENROLMENT FORM

Name of the Programme:			
Date:			
Venue:			
Name of the Applicant:			
Designation:			
Academic Qualification:		Age:	
Residential Address:			
Phone:		Fax:	
Email:			
Name of the Sponsoring Organization:			
Address:			
Phone:		Fax:	
Website:			
Name of the Sponsoring Authority:			
Designation:			
Phone:			
Email:			
Payment Details:	Cheque / Draft No:		
Date:		Amount:	
Bank Name, City and Branch:			

Signature of the Sponsor /Participant

The completed Nomination form along with the Cheque / Draft payable in the name of "Indian Institute of Management Tiruchirappalli", should be sent to the following address:

THE CHAIRPERSON
Consulting and MDPs
Indian Institute of Management Tiruchirappalli Thanjore Road, Tiruchirappalli –620015