



NOMINATION FORM

Three days MDP program on

“Project Planning and Management”

TO BE FILLED IN BY THE TRAINEES

Programme Date: **25-27th April, 2025**

Officer Name:.....Designation.....

Gender:.....

Organisation:.....

Office Address for communication:.....

Phone (O).....(R).....(M).....

Email:

Signature of the Candidate

TO BE FILLED IN BY THE SPONSORING AUTHORITY

Name of the sponsoring Authority..... Designation.....

Address for communication.....

City..... Pin..... Phone..... Email:

Detail of Fee Payment: UTR/Ref No.....date.....

Amount: Rs.....GST No. of the sponsoring Organisation (if any).....

Date:

Signature of the Sponsoring Authority
with stamp of the Organisation

Complete filled form send to: mdpgift@iift.edu

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