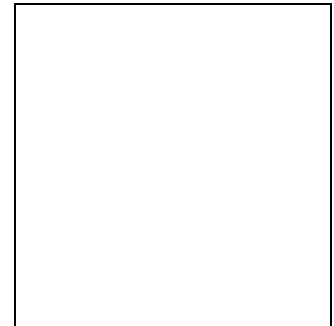


ENTREPRENEURSHIP DEVELOPMENT INSTITUTE OF INDIA, AHMEDABAD
Family Business Succession Management Programme
March 21-25, 2020

Nomination Form



About Candidate:

1. Name: Ms./Mr.: _____ Paste your Photograph
2. Date of birth: _____ 3. Age in years: _____
3. Name and Address of present College (if Studying): _____

4. Current Profile (if employed) : _____
4. Career Options: _____
5. Awards/ Achievements: _____
6. Special Skills/ Interests/ Hobbies: _____
7. Reasons for Joining the Programme: _____

About Parents/ Guardian/Family Business:

8. Parent's/Guardian's Name: _____ Occupation:(Pl. Specify) _____
E-mail: _____ Mobile: _____
9. Name and Address of the Family Business/Company / Organization: _____



10. Residential Address: _____

Tele Nos. with STD code: (O) _____ (R) _____

Candidate's Mobile No: _____ Candidate's E-Mail: _____

11. Payment made through Demand Draft/ At par cheque/ Online Transfer: _____

Drawn on (Bank Name) _____

Dated: _____ Amount: _____

UTR No. (in case of online transfer) _____

Candidate's Signature

Place:

Date:

Please mail the Nomination Form along with Demand Draft/ At par Cheque favouring 'Entrepreneurship Development Institute of India (EDII), Ahmedabad to:

Dr. Amit K. Dwivedi/Dr. Pankaj Bharti

Programme Coordinators

Entrepreneurship Development Institute of India

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Mobile: +91 9725525219 /+91 9924441365

E-mail: akdwivedi@ediindia.org / pbharti@ediindia.org

Please indicate your source of information about this programme by marking relevant option(s). Give necessary details.

Newspaper (Name, date & edition) _____

EDII's Students/ participant (Name, place) _____

Family members/ Friends /Acquaintances (Name, place) _____

Business / Industry (organisation, association, place) _____

Any other (Please specify) _____