

## REGISTRATION PROCESS

For enrolling their members in IIMS MDP, the sponsoring organizations are required to send us the completed nominations form of the participant(s) along with programme fees in advance before the stipulated date (at least 15 days prior to commencement of the programme). Brochures and nomination form on each of the programme will be available two months before the commencement of the programme. Substitution of participants is permissible. If the registration is cancelled, the 50% programme fee will be refunded if the notice period is in between 16-30 days prior to a programmes' start date. If the participant is not able to attend the programme, no refund request will be entertained. However the participants will be eligible to get course materials. The participants attending the programme will be awarded "Certificate of Participation".

Duly filled-in nomination form must be accompanied with a Crossed Demand Draft/at par cheque in favour of RGIIM Shillong and sent to the MDP Office, IIM Shillong.

For more information contact:

**Mr. Thomshaphrang Laloo**  
**Admn. Officer(Programmes)**  
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**Indian Institute of Management Shillong**  
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***Nomination Form***

Programme Title: \_\_\_\_\_

Programme Dates: From \_\_\_\_\_ To \_\_\_\_\_

Name: \_\_\_\_\_

Male  Female

Age  Yrs.

Designation: -----

Organization: -----

Office Address: -----

Phone (O): Residence: Email: Fax:

How would you like to mention your Name in the Participation Certificate?(Please use Capital letters only)

Qualification:

Work Experience: Organization                      Position                      Years of Experience

Designation of Executives to whom you report----- What

Specific needs have prompted you to enroll for this programme?

-----TO BE FILLED BY SPONSOR-----

Name of the Sponsor: -----

Designation: -----

Organization: -----

Address for Communication-----

City-----PIN-----

Phone-----Mobile-----Fax-----

Email-----

Forms of Organization: Proprietary  Partnerships  public Sector  Public ltd

Others

Date: ----- Signature-----