

ENTREPRENEURSHIP DEVELOPMENT INSTITUTE OF INDIA
Ahmedabad

Faculty Development Programme in Entrepreneurship

(10-21 February 2025)

Please affix
your recent
passport
colour
photograph

Nomination Form*

1. Name _____
(First Name) (Middle Name) (Surname)

2. Date of Birth _____ Age: _____ Category: Gen/SC/ST/OBC/Minority _____

3. Designation _____

4. Nominating Institution with Postal Address

Phone: _____ Mobile No. _____ Fax _____

E-mail Id : _____

5. Academic Qualifications _____

6. Work Experience (Use the extra sheet, if needed)

Sr. No.	Name of Organization	Period		Position held
		From	To	

* You may use the photocopy of this nomination form for multiple nominations.

7. Relevant Training Received, if any (Use the extra sheet, if needed)

Sr. No.	Name of Organization	Name of the Institute	Period

8. Please narrate briefly how this programme will benefit you in your work area.

9. Source of information about the programme: (Please tick/Write)

Pamphlets/ Brochures: Newspaper Advertisement: Others: _____

Place:

Candidate's Signature

10. Name of the Officer authorized to nominate _____
Designation _____

Date:

Signature

Note:

Please mail the filled-in Nomination to:

Dr. Pankaj Bharti

Programme Director

Entrepreneurship Development Institute of India

P.O. Bhat – 382 428, Dist. Gandhinagar (Gujarat)

Tel: +91(79) 23969153, 23969158, 23969159, 23969163, Fax: +91(79) 23969164

Mobile: +91 9924441365, E-mail: pbharti@ediindia.org

For Office use only:

Receipt No.

Dt.