



Institute of Rural Management Anand
MDP Nomination Form

MDP Title _____

MDP Date _____

(Note: Please email the completed nomination form at mdp@irma.ac.in)

PARTICIPANT'S PROFILE

Name: _____

DOB: _____

Gender: _____

Current Position / Designation: _____

Name of the Institution / Organization: _____

Official Address: _____

Telephone: _____ (Mobile) _____

E-mail: _____ Fax: _____

In case of Foreign Nationals

Passport Details:

Nationality:

No.:

Issuing Office:

Issue Date:

Expiry Date:

(Note: Please attach photo/scanned copy of the passport)

Educational Background (Please provide information from Class 12th onwards)

Name of Degree/Diploma	Year	University/Institution	Primary Subjects

Work Experience (last 3 years assignments only)

Time Period	Position	Organization

Languages known

Expectations from the Programme

Payment Details:

NEFT or RTGS Transaction No.: _____ Date: _____

Drawn on (Bank): _____

Amount (INR): _____ (in words) _____

Signature of the Participant/
Sponsoring Authority of Organization

Date: _____

Email ID and Mobile of Sponsoring Authority

Bank Details for payment through NEFT/RTGS:

Beneficiary Name:	Institute of Rural Management Anand
Beneficiary A/c No.:	IRMA01MDP
Beneficiary Bank:	YES Bank Ltd.
Beneficiary Bank Address:	Maruti Sunand, Ground Floor, Amul Dairy Road, Anand 388 001, Gujarat, India
Beneficiary Bank Swift Code:	YESBINBB
IFSC/RTGS/NEFT Code:	YESB0CMSNOC
MICR Code:	388532002
Branch Code:	0193