



MDP - Health Program Management Nomination Form

Programme Title			
Programme Date			
<u>Please send the filled-in form to:</u>			
MDP Officer XLRI CH Area (East) Jamshedpur - 831001		Dial: +91-657-6653329 and 6653330 ❖ Fax: +91-657-2227814 Email: mdp@xlri.ac.in / mdpoffice@xlri.ac.in Website : http://www.xlri.ac.in/mdp	
TO BE FILLED IN BY THE NOMINEE Please fill in all details in BLOCK/ CAPITAL LETTERS ONLY			
PERSONAL PROFILE			
Title	First Name	Last Name	
Email (Official)			Email (Personal)
Mobile	Phone	PAN No.	
Organization			
Designation			
Address :			
City	Pin	State	Country
TO BE FILLED IN BY THE SPONSOR			
Sponsor Name		Designation	
Organization			
Office Address			
City	Pin	Country	Mobile
Phone	Fax	E-mail	
Information on Organisation All the fields are mandatory			
TAN No. (10 Digit Alphanumeric)		PAN (10 Digit Alphanumeric)	
GST No. (15 Digit Alphanumeric)			
Occupancy Details (please tick on any one option if applicable)	**Single Occupancy. <input type="checkbox"/>	Twin Sharing Occupancy <input type="checkbox"/>	Non – Residential <input type="checkbox"/>
** Subject to the availability of the room, however charges for the single occupancy will be Rs.1500+GST /per day over and above the program fee for residential candidate			

Date: _____

Signature: _____