

INDIAN INSTITUTE OF MANAGEMENT CALCUTTA



Consultancy and Management Development Programme Office

ENROLMENT FORM

PROGRAMME DETAILS

NAME OF PROGRAM: _____

DURATION: _____ VENUE _____

PROGRAM DIRECTOR/S _____

INFORMATION ABOUT THE PROGRAMME OBTAINED FROM:

- ☐ WEBSITE
- ☐ ADVERTISEMENT
- ☐ FORMER PARTICIPANT
- ☐ ACQUAINTANCE

PARTICIPANT DETAILS

Name of Participant (Dr/Mr/Ms) _____

Designation _____ Age _____

Academic Qualification _____

Address _____

Phone: _____ Fax: _____ Email: _____

Sponsoring Organization: _____

Name and Designation of Sponsoring Authority Officer:

Office Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

PAYMENT DETAILS:

Cheque/Draft No _____ **Drawn on** _____

Amount _____ **Date** _____

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Signature of the Sponsor / Participant

The completed Enrolment Form along with Account Payee cheque / draft payable to 'Indian Institute of Management Calcutta' should reach the following address, at least 21 days before commencement of the Program:

Head - CMDP
Indian Institute of Management Calcutta
Joka, Diamond Harbour Road
Consultancy and Management Development Programme Office
Kolkata – 700104
India

In case of cancellation of programme for unavoidable reasons, only the programme fee (including service tax) may be refunded and no other charges incurred will be refunded.