



Indian Institute of Management, Ahmedabad

34th Faculty Development Programme in Management

June 11 – September 29, 2012

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APPLICATION FORM

LAST DATE FOR RECEIVING COMPLETED FORM: April 20, 2012

(PLEASE ENSURE THAT THE FORM IS COMPLETE IN ALL RESPECTS. INCOMPLETE FORMS WILL NOT BE ACCEPTED.)

PART A (TO BE FILLED IN BY THE APPLICANT)

1. Last name: _____

First name: _____

Middle name: _____

2. Date of birth: Date: _____ Month: _____ Year: _____

3. Nationality: _____

4. Address for Correspondence:

_____ PIN:

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Phone: Country code: _____ Area code: _____ Number: _____

Fax: Country code: _____ Area code: _____ Number: _____

Email: _____ Mobile No. _____

5. Residential Address:

_____ PIN:

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Phone: Country code: _____ Area code: _____ Number: _____

6. Family Contact Person for Emergencies: _____

Mobile No. _____ Phone No. with STD Code.: _____

7. Name of the sponsoring institution (**institution where you are working at present**):

8. Address of the sponsoring institution:

_____ PIN:

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Phone: Country code: _____ Area code: _____ Number: _____

Fax: Country code: _____ Area code: _____ Number: _____

Email: _____ Mobile No. _____

13a. Your nature of employment: Regular (permanent)/Part-time (visiting) :

13b. Please indicate whether the department/institution you are associated with has an Under- graduate/ Post-Graduate/Doctoral Programme in Commerce/Management/ (Please tick mark whichever is applicable)

Level of Programme	Commerce	Management
Under-graduate		
Post-graduate		
Doctorate		

14. Please list the research projects that you have undertaken (completed or on-going) over the last three years (2009-2012):

14a. Your publications (please use a separate sheet, if necessary):

Books

Monographs

Articles

Teaching material (technical notes, case studies, etc.)

14b. **Please enclose one representative article/ technical note/ case study.**

15. Please attach a 200-word statement on how this programme will help you in your future growth.
16. Please attach a 200-word statement on how your participation in this programme will help your institution.
17. In case you have received any awards or academic honours, please indicate.

18a. Who is paying your Programme fee? (Tick appropriate box)

Sponsoring Institute is paying fully	<input type="checkbox"/>
Sponsoring Institute is paying partly	<input type="checkbox"/> (%)
I am paying fully (self-financed)	<input type="checkbox"/>

18b. **Please note that the last date for receiving the programme fee is May 14, 2012 (for Indian participants).**

19. Please provide names and addresses of two referees whom you will request to give us confidential reference letters. These letters should indicate the referees' assessment of your academic strengths and weaknesses, your potential as a teacher and researcher, and your character and personality. They should be **sent to us in sealed envelopes along with this form** and should reach us by **April 20, 2012**.

Referee 1: Name and Address	Referee 2: Name and Address

Self declaration of medical fitness for participating in the programme: (Please write and sign)

Declaration:

I have read the programme brochure and I agree to abide by the requirements of the programme.

Signature: _____

Date: _____

PART B (TO BE FILLED IN ONLY BY THE SPONSORING INSTITUTION)

1. Name of the sponsoring institution: _____

2. Nature of institution: (Tick appropriate box)

Autonomous college	<input type="checkbox"/>	Affiliated college	<input type="checkbox"/>
University	<input type="checkbox"/>	Private educational institution	<input type="checkbox"/>
Cooperative training institution	<input type="checkbox"/>	Training institution attached to private company	<input type="checkbox"/>
Others (specify):			

3. If affiliated college or affiliated private institution, university to which affiliated:

4. Is your institution accredited by a national agency like the National Assessment and Accreditation Council (or its equivalent)? Yes No

5. Is your post-graduate management programme accredited by any agency?
 Yes No Not applicable

6. Please indicate the approximate distribution of the students/ programme participants who attended your programmes during the year 2011-2012:

Under-Graduate students		%
Post-Graduate students		%
Executives/ Managers		%
Government Officials		%
Teachers/ Academics/ Trainers		%
Others (specify):		%
		100%

7. Applicant's present designation: _____

8. Applicant's present duties: _____

9. Please indicate your objectives in sponsoring the applicant:

10. How do you plan to utilize the applicant's services after the programme?

11. Are you paying the applicant's programme fee fully? Yes No

If no, what proportion are you paying: _____%

12a. For sponsors of foreign applicants:

Selected candidates or their sponsors will be required to pay the programme fee of US\$ 6,000 before **May 31, 2012. Please note that the applicant will not be allowed to join the programme if the programme fee is not received by that date.** All other personal expenses are also to be borne by the candidates or their sponsors. Please indicate how the applicant will finance his/her study at the Institute.

12b. Please indicate Passport No _____ Date of issue _____

Name of the sponsoring authority:	
Designation:	
Address	

Date:.....

Signature.....

(Please attach brochures indicating the programmes and activities of your institution, teaching staff, and other matters that you would like to share with us.)

Please send the completed application form to:

Faculty Development Programme Office
Indian Institute of Management
Vastrapur, Ahmedabad 380 015
India