



विकास प्रबंधन संस्थान
Development Management Institute

Competencies Enhancement Programme (CEP) Nomination Form

PROGRAMME PARTICULARS

Programme Title: _____

Programme Date: _____

PARTICIPANT'S PROFILE

1. Name: _____

DOB: _____ Age: _____ Gender: _____ Nationality: _____

2. Current Position / Designation: _____

Name of the Institution / Organisation: _____

Official Address: _____

District/City: _____ Pin: _____ State: _____

Mobile No.: _____ Alternate Mobile No.: _____

E-mail (O): _____ E-mail (P): _____

In Case of Foreign Nationals:

Passport No.: _____ Issue Date: _____ Expiry Date: _____

Issuing Office: _____

3. Highest Educational Qualification:

Degree/Diploma	Year	College/University

4. Current Job Profile:

Years of Experience	Nature of Responsibility

5. Languages known: _____ / _____ / _____
6. Expectations from the Programme: _____

PAYMENT DETAILS

NEFT or RTGS Transaction No.: _____ Date: _____

Amount (INR): _____ Drawn on (Bank): _____

Name and GST Registration No.: _____

Date: _____

(Signature)

of the Participant/ Sponsoring Authority
of Organization With stamp

Sponsoring Organization's Representative Name: _____

Designation: _____

Email ID: _____ Mobile no.: _____

Bank Details (of DMI) for payment through NEFT/RTGS:

Beneficiary Name:	Development Management Institute Society
Beneficiary A/c No.:	8531101013041
Beneficiary Bank:	Canara Bank
Beneficiary Bank Address:	BSEB, Patna
Beneficiary Bank Swift Code:	CNRBINBBPER
IFSC/RTGS/NEFT Code:	CNRB0008531
Branch Code:	8531
GSTN	10AACTD0120E1ZW
PAN	AACTD0120E

CONTACT

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