



भारतीय प्रबंध संस्थान बोधगया

Indian Institute of Management  
Bodh Gaya

## FDP ON ACADEMIC LEADERSHIP

in Private Higher Educational Institutions

### REGISTRATION FORM

01. Name:
02. Gender:
03. Designation:
04. Teaching Experience: \_\_\_\_\_ Yrs
05. Department:
06. Name of Affiliating Institute/College/University:
07. Address of Institute:
  
08. Personal Contact Details  
Mobile No: \_\_\_\_\_ Email : \_\_\_\_\_
09. Payment Transaction ID/Number:
10. Payment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### DECLARATION OF THE PARTICIPANT

I hereby declare that I have read and agree with all the terms and conditions mentioned in the FDP brochure. I also declare that all the information furnished by me is true to the best of my knowledge and if found false, my application/admission is liable to be canceled.

Name of Candidate: \_\_\_\_\_

Signature: \_\_\_\_\_

### ENDORSEMENT BY THE COMPETENT AUTHORITY

I recommend that Dr./Mr./Mrs./Miss. \_\_\_\_\_ who is a faculty member/trustee/administrator of our organization to attend the FDP on Academic Leadership in Private Higher Educational Institutions organized by IIM Bodh Gaya. This is also to certify that the details mentioned in the application form are correct to the best of my knowledge.

Place:

Date:

(Competent Authority Signature & Seal)