



INDIAN INSTITUTE OF MANAGEMENT SHILLONG

FACULTY DEVELOPMENT PROGRAMME – 2018

MAY 21st to JUNE 2nd, 2018

PASTE A
RECENT PASSPORT SIZE
PHOTO HERE.

APPLICATION FORM

LAST DATE FOR RECEIVING APPLICATION FORM: APRIL 18, 2018

A. PERSONAL INFORMATION

FULL NAME	FIRST	MIDDLE	SURNAME		
DATE OF BIRTH	DD	MM	YYYY	GENDER	M F
EMAIL	PRIMARY EMAIL		SECONDARY EMAIL		
PHONE (WITH STD CODE)	OFFICE LANDLINE		RESIDENCE LANDLINE		
	PRIMARY MOBILE		SECONDARY MOBILE		
PRESENT ADDRESS	ADDRESS				
	CITY	PIN CODE		STATE	
PERMANENT ADDRESS	ADDRESS				
	CITY	PIN CODE		STATE	
EMERGENCY CONTACT	NAME		RELATIONSHIP		COMPLETE ADDRESS WITH PIN CODE
	MOBILE		PHONE		

B. EDUCATIONAL AND PROFESSIONAL INFORMATION

NAME OF THE DEGREE	PERIOD		INSTITUTION /UNIVERSITY	% MARKS / CGPA	MAJOR SUBJECTS
	FROM	TO			
GRADUATION					
POST-GRADUATION					
M. PHIL./PhD					
OTHER					

PROFESSIONAL EXPERIENCE:

TOTAL DURATION OF TEACHING EXPERIENCE	YEARS	MONTHS
TOTAL DURATION OF RESEARCH EXPERIENCE	YEARS	MONTHS
ANY OTHER EXPERIENCE	YEARS	MONTHS
TOTAL EXPERIENCE	YEARS	MONTHS

C. PAYMENT DETAILS

Mode of Payment	NEFT/DIRECT CREDIT/DD
UTR No./Transfer ID/ DD No.:	Transfer Date/DD Date:
Remitter Bank Name/DD Issuing Bank Name With Branch:	Amount:

***DD to be drawn in favour of "RGIIM SHILLONG", State Bank of India, Laitumkrah Branch, payable at Shillong.**

If paid by DD, the DD along with the filled in form needs to reach Dean (Academics), Indian Institute of Management, Mayurbhanj Complex, Nongthymmai, Shillong: 793014, Meghalaya on or before 18th April 2018.

DETAILS OF SPONSORING INSTITUTION (In case of full or partial sponsorship)	
Self-sponsored or sponsored by any Institute/organisation	
Name and Address of Sponsoring Institution	
Name and Designation of Sponsoring Authority	
Signature and Official seal of Sponsoring Authority	

Please attach your payment remittance slip/DD only. Do NOT attach any other Supporting documents.

I, _____, hereby declare and certify that:

1. All the information provided above is true to the best of my knowledge and I am liable to produce proof of such information on demand.
2. I have read and understood the program brochure on the Institute website. I agree to abide by the program and Institute rules.
3. I am medically fit to take part in this residential program.

DATE:	PLACE:	SIGNATURE:
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Note: In case of payment of fee done by NEFT/direct deposit in Institute's Bank A/c, the duly filled in application form needs to be submitted via email only (fdp@iimshillong.ac.in) along with scanned copy of remittance slip.