

# Tata-Dhan Academy

## NOMINATION FORM

Experiential Workshop on Team-building

Date:

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Name \_\_\_\_\_

Male  Female  Age  Date of Birth \_\_\_\_\_

Qualification \_\_\_\_\_

Designation \_\_\_\_\_

Organization \_\_\_\_\_

Address for communication \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ PIN 

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Phone: (O) \_\_\_\_\_ (R) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_ (Fax) \_\_\_\_\_

Description of present responsibility \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Work experience**

<i>Organisation</i>	<i>Position</i>	<i>Years of Experience</i>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your expectations from this workshop? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature

-----**TO BE FILLED IN BY THE SPONSOR**-----

Name of the sponsor \_\_\_\_\_ Designation \_\_\_\_\_

Organization \_\_\_\_\_

Address for communication \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ PIN 

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Phone: (O) \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Web address: www: \_\_\_\_\_