



भारतीय प्रबंध संस्थान तिरुचिरापल्ली  
Indian Institute of Management Tiruchirappalli

MDP Enrolment Form

Name of the Programme:

Date:

Venue:

Name of the Applicant:

Designation:

Academic Qualification:

Age:

Residential Address:

Phone:

Fax:

Email:

Name of the Sponsoring Organization:

Address:

Phone:

Fax:

Website:

Name of the Sponsoring Authority:

Designation:

Phone:

Email:

Payment Details: Draft No:

Date:

Amount:

Bank Name, City and Branch:

\_\_\_\_\_  
Signature of the Sponsor /Participant

The completed Nomination form along with the Draft payable in the name of "Indian Institute of Management Tiruchirappalli", should be sent to the following address:

Executive Education & Consulting Office,  
Indian Institute of Management Tiruchirappalli  
NIT Campus, Thanjavore Main Road, Tiruchirappalli - 620015 Tamil Nadu.

In case of online payment, kindly intimate the EEC office with the relevant transaction details through email ([eec@iimtrichy.ac.in](mailto:eec@iimtrichy.ac.in)), so that we can connect your remittance to your nomination.