

**INDIAN INSTITUTE OF FOREST MANAGEMENT, BHOPAL**  
**Management Development Programme**  
**NOMINATION FORM**

Name of the Programme	:	_____
Duration, Date and Venue	:	_____
Name of the Participant	:	_____
Designation	:	_____
Name of the Organization	:	_____
(with full address)		_____
		_____
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Phone Nos. (O)		(R) _____ Mobile _____
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Present of area of responsibility		_____
(Please specify)		_____
		_____ (Signature of the Participant)
We enclose a Demand Draft No. _____ dated _____ for		
Rs. _____ towards fee drawn in favor of DIRECTOR, INDIAN INSTITUTE		
OF FOREST MANAGEMENT payable at BHOPAL.		
Date		_____ Signature and seal of Sponsoring

To be mailed to: Incharge - MDP  
Indian Institute of Forest Management  
Nehru Nagar, Post Box No.357, Bhopal 462 003 (M.P.)