

NOMINATION FORM

Two days MDP program on "Procurement of Goods and Services through GeM portal"

TO BE FILLED IN BY THE TRAINEES

Programme Date: 30-31 st January, 2025	
Officer Name:	Designation
Gender:	
Organisation:	
Office Address for communication:	
Phone (O)(R)	(M)
Email:	
	Signature of the Candidate
TO BE FILLED IN BY THE SPONSORING AUTHORITY	
Name of the sponsoring Authority	Designation
Address for communication	
City Pin Pł	none Email:
Detail of Fee Payment: UTR/Ref No	date
Amount: RsGST No. of the sponsoring Organisation (if any)	
Date:	Signature of the Sponsoring Authority

Complete filled form send to: mdpgift@iift.edu

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with stamp of the Organisation