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**NOMINATION FORM**

Ms Maya Desai

Director

IMC RBNQ Award Trust

Mumbai

Dear Madam,

**Training on Certified Examiner for Quality Management**

We are happy to nominate Mr/Ms ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

as a candidate to the Board of Examiners for the IMC Ramkrishna Bajaj National Quality Award 2018 evaluation process and to participate in the **4-day Training on** **Certified Examiner for Quality Management to be held as per below dates from 10.00am to 5.30pm at the IMC Chamber of Commerce & Industry, IMC Building, IMC Marg, Opposite Churchgate Railway Station (West), Mumbai 400 020**

**Batch 1: 25 - 28 June 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Batch 2: 16 - 19 July 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Batch 3: 6 - 9 August 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We have noted the time the Examiner will have to commit for various phases of the evaluation process. We hereby agree to relieve him/her for the necessary training and evaluation process.

***The details of the individual are given below:***

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| --- | --- |
|  | Name: |
|  | Designation: |
|  | Organization: |
|  | Address: |
|  | Telephone: |
|  | Mobile: |
|  | Fax: |
|  | Email: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Academic Qualifications: | | |
|  | Interest/Involvement in TQM-related Activities: | | |
|  | Professional Experience (start from current position): | | |
| Functions/Department | Designation | No. of Years |
|  |  |  |
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Enclosed is a cheque for Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ drawn in favour of **IMC Ramkrishna Bajaj National Quality Award Trust** as participation fee for the above Course.

**Registration Fees: Rs. 20000/- + 18% GST per participant**

**(*This includes the cost of tea/coffee/lunch and study material for four days*).**

**Organization’s undertaking**

We have noted the approximate man-days commitment required for the 2018 IMC Ramkrishna Bajaj National Quality Award training and examination process.

We hereby agree to allow the candidate-examiner time for the mandatory training, as well as examination process.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_