

Photograph

**NOMINATION FORM**

**(To be filled in by the Nominee)**

**Capacity Building Program for the Young Social Sciences Faculty on Entrepreneurship and Startups**

**Period:** **9th to 20th June 2025**

**Venue: Institute of Public Enterprise, O. U Campus, Hyderabad.**

|  |  |
| --- | --- |
| Name (Mr. / Mrs./Dr.) |  |
| Highest Qualification |  |
| Area of Specialization |  |
| Date of Birth |  | Age ( Years) |
| Designation |  |
| Institute/College/University |  |
| Department |  |
| Address  |
| Phone (s) |  |
| Mobile |  |
| E-Mail |  |
| Accommodation | Required / Not Required |
| Signature of the Candidate |  |

Forwarded by

(Signature with Seal)

**Please upload the signed document in the below link:**

[**https://forms.gle/zW2jNCmqbSKLGQ9LA**](https://forms.gle/zW2jNCmqbSKLGQ9LA)

**For Clarifications:**

Dr. P V Vijay Kumar Reddy, Programme Director

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