



Confederation of Indian Industry
125 Years: 1895-2020

CII Naoroji Godrej Centre of Manufacturing Excellence

FACULTY PROFILE

1. TOPIC : _____
SESSION : _____

2. NAME : _____ M / F : _____

DATE OF BIRTH : _____

ADDRESS FOR CORRESPONDENCE : _____

Tel (RES): _____ (OFFICE): _____
(code) (number) (code) (number)

(MOBILE): _____

Email : _____

3. EDUCATIONAL QUALIFICATIONS:

Name of last Institution _____ University _____

4. WORK EXPERIENCE :

From To Company Last Position Held Principal Function

THREE MOST RELEVANT PROFESSIONAL TRAINING RECEIVED BY YOU:

a) _____

b) _____

c) _____

SPECIAL CERTIFICATES RECEIVED THAT ARE RELEVANT:

- a) _____
- b) _____
- c) _____

5. TWO REASONS FOR YOUR SUITABILITY:

- (i) _____
- (ii) _____

6. TRAINING AIDS THAT YOU WILL USE:

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____

7. PROFESSIONAL FEES EXPECTED:

Rs _____ for 90 min; Rs _____ for half day; Rs _____ per day

Negotiable

THANK YOU