

**Application fo**r
**AIMA – Kewal Nohria Award fo**r
**Academic Leadership in Management Education 2017**

**PROFILE OF THE APPLICANT**

**Please fill the form in BLOCK LETTERS leaving one space between words.**

Name (MR/ MRS/MISS/DR/PROF):……………………………………………………………………...

**A. ACADEMIC ACHIEVEMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qualification**  | **Degree/ Awards** | **University**  | **Year**  | **Division**  | **Elective**  |
| **Graduation**  |  |  |  |  |  |
| **Post-Graduation**  |  |  |  |  |  |
| **Ph. D** |  |  |  |  |  |
| **Post-Doctoral** |  |  |  |  |  |

**B. CONTRIBUTION TO RESEARCH**

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| **RESEARCH PROJECTS (**Please specify if the Journal is refereed.)  |
| **National**  |  |  |  |  |
| **International**  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RESEARCH PAPERS**  |  |  |  |  |
|  | **Title**  | **Name of Author(s)**  | **Name of Jounal/Conference**  | **Year**  | **Vol.**  | **Pages**  |
| **National**  |  |  |  |  |  |  |
| **International**  |  |  |  |  |  |  |

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| --- |
| **PUBLICATIONS / BOOKS AUTHORED**  |
| **S.No**  | **Titles**  | **Publication House**  |
|  |  |  |
|  |  |  |

**C.**

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| **NEW INSTITUTION ESTABLISHED** |

**D.**

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| **DETAILS OF TEACHING MATERAIL /MANAGEMENT CASES DEVELOPED** |

**E.**

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| **MDP CONDUCTED** |

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| **DETAILS OF MEMBERSHIP OF ANY BOARD OF STUDIES / ACADEMIC ADVISORY COUNCIL OF ANY MANAGEMENT INSTITUTION / PROFESSIONAL BODIES** |

**F.**

**G.**

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| **MERIT SCHOLARSHIP/ FELLOWSHIP/ AWARDS RECEIVED** |

**H. CONSULTANCY, TRAINING & DEVELOPMENT**

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| --- | --- | --- | --- | --- |
| **Category**  | **Organization**  | **Designation**  | **Duration of Employment**  | **Nature of Responsibilities**  |
|  |  |  | **Year From**  | **Year** **To** |  |
| **TEACHING**  |  |  |  |  |  |
| **RESEARCH**  |  |  |  |  |  |
| **TRAINING**  |  |  |  |  |  |
| **CONSULTANCY** |  |  |  |  |  |
| **MANAGERIAL** |  |  |  |  |  |
| **OVERSEAS ASSIGNMENTS** |  |  |  |  |  |

**Professional Reference: -**(From the area of Management Profession.)

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Add:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel:\_\_\_\_\_\_(STD)\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: :\_\_\_\_\_\_(STD)\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_
2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Add:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel:\_\_\_\_\_\_(STD)\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: :\_\_\_\_\_\_(STD) \_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_

Age (Yrs)……………………………………….Date of Birth…………………………………………… Designation………………………………………………………………………………………………... Organization………………………………………………………………………………………………. Address:…………………………………………………………………………………………………… City:……………………………………State……………………………Pin Code……………………... Phone(O): STD Code(………)……….…………..Fax……………………..Mobile……………………….. Email……………………………………………………………………………………………………….

Residence Address:………………………………………………………………………………………… City……………………………………..State……………………………Pin Code…………………….. Phone(R STD Code(………)……….…………..

**Declaration**:
**I hereby certify that the details given above are true and correct to the best of my knowledge**.

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

**Please mail to:**

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