						No.	
						First Name Last Name	
						Last Name	
	. 1					Designation / Role	
						Designation Department/ Gender / Role Organisation (M/F)	IIMB - Fo
						Gender (M/F)	ormat for
						Age	r list of p
V.		7				current organization (years)	IIMB - Format for list of participants for
						Overall Work experience (years)	r Customised
						Educational background	Customised Programmes
	·		4			Current Job Responsibility Areas (KRAs) (in brief)	
						Contact	
						E-mail id	
					)	Passport no.*	*Requried and Mandatory for International Travel International Participants if any
						Passpor Expiry Date*	ied and cory for ial Travel/ tional its if any