



Confederation of Indian Industry

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