**NOMINATION FORM**

**AOTS Employers' Organization Cooperation Program**

**Program:** *please choose the program you want to apply for***:**

|  |  |
| --- | --- |
| [ ]  | **Management Training Program (MTP) [ERMI]**First half (Online): 4-12 June 2024 Second half (In-person): 3-11 July 2024, Osaka, Japan |

**Nominee Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Email** |  | **Cell No.** |  |
| **Date of Birth** |  | **Age** |  |
| **Company** |  | **Designation** |  |
| **No. of Employees** |  | **Business Field** |  |
| **Address** |  |

**Academic Qualification of Nominee**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Qualification** | **Institution** | **Year of Graduation** | **Major** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Brief Job History & Experience**

***(Please attach a sheet if necessary, for showing expertise in the related field)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Name of Organization** | **Designation** | **Period of Work****(in years)** | **Year of Experience*****(Attach a brief of your roles & responsibilities)*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please write a paragraph on the justification on why you should be selected for this course and what benefits you can derive from this course and steps you can take in applying the learning & knowledge gained from the training. Please also attach your job description duly signed and stamped by the CEO or authorized company representative.

|  |
| --- |
|  |

**Additional Information:**

1. Has any person from your company attended any Programme abroad through EFP?

[ ]  No [ ]  Yes

|  |
| --- |
|  |

*If Yes, please specify*:

1. Has the nominee attended any Programme in Japan, in the last five years?

[ ]  No [ ]  Yes

|  |
| --- |
|  |

*If Yes, please specify*:

1. Is your company a member of EFP?

[ ]  No [ ]  Yes

1. Is the EFP Membership Subscription paid?

 [ ]  No [ ]  Yes

1. Does the nominee fully qualify for the requirements as per the Program Notifcation?

[ ]  No [ ]  Yes

1. Registration Fee clearing Cheque number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

Authorized Person Name:

|  |
| --- |
|  |

Designation:

|  |
| --- |
|  |

Email:

|  |
| --- |
|  |

Signature:

Stamp:

**Declaration:**

***I confirm that all information provided in this application is true and correct. In case any information is found to be incorrect, my application can be rejected, without giving any justification.***