

Zonal Workshop Center Confirmation

- College Name _____
- Postal Address _____
- Pin code _____
- Principal/Director/Trustee/Dean/Faculty (Any one)
- Name _____ Email _____ Mobile _____
- Faculty/Student Coordinator (any one)
- Name _____ Email _____ Mobile _____
- Date Planned for Workshop _____

We are hereby willing to organize Entrepreneurship Workshop conducted by Nurture Talent Academy in association with Confluence, IIM Ahmedabad.

We have agreed to requirements, schedule and fees of the program.

Signature

College Stamp

Name/Designation

* Kindly email scanned copy to workshop@nurturetalent.com and cc p13nishanta@iimahd.ernet.in along with college logo for poster and banner design.