



सेंटर फॉर एग्रीबिज़नेस इन्क्यूबेशन एंड इंटरप्रेन्योरशिप, ग्वालियर

CENTRE FOR AGRIBUSINESS INCUBATION AND ENTREPRENEURSHIP, GWALIOR

Opposite LNIPE, Race Course Road, Gwalior

## MENTOR EMPANELMENT FORM

### 1. Name of the Mentor:

<b>Name:</b>			
	<b>First Name</b>	<b>Middle Name</b>	<b>Surname</b>

<b>Address:</b>		
		<b>Pin code:</b>
<b>City:</b>	<b>District:</b>	<b>State:</b>

<b>E-mail ID:</b>
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<b>Contact No.:</b>
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### 2. Type of Working: Freelancing / Registered Firm/ Entrepreneur/ Corporate Professional

### 3. Date of Birth:

<b>DD</b>	<b>MM</b>	<b>YYYY</b>

4. (a) Gender:                      Male:                      Female:

(b) Marital Status:              Married:                      Unmarried:

(Please (√) tick whichever is applicable)



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5. Educational Qualification:

Qualification	Degree	Name of University	Year of Passing	Percentage
Graduation				
Post-Graduation				
Ph.D. (Doctorate) if any,				
Other, if any				

6. Professional Experience: Total in Years: \_\_\_\_\_ Months \_\_\_\_\_

a.

Name of Organization				
Designation				
Period	<i>From Date</i> DD/MM/YYYY		<i>To Date</i> DD/MM/YYYY	
Work Profile				
Remuneration (optional)				

b.

Name of Organization				
Designation				
Period	<i>From Date</i> DD/MM/YYYY		<i>To Date</i> DD/MM/YYYY	
Work Profile				
Remuneration (optional)				



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c.

<b>Name of Organization</b>				
<b>Designation</b>				
<b>Period</b>	<i>From Date</i> DD/MM/YYYY		<i>To Date</i> DD/MM/YYYY	
<b>Work Profile</b>				
<b>Remuneration (optional)</b>				

d.

<b>Name of Organization</b>				
<b>Designation</b>				
<b>Period</b>	<i>From Date</i> DD/MM/YYYY		<i>To Date</i> DD/MM/YYYY	
<b>Work Profile</b>				
<b>Remuneration (optional)</b>				

7. Field of Expertise/ Area/ Sector specific



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9. Additional information, if any, which you would like to mention in support of your suitability for the mentorship/guide

10. Other information, if any.

Date:

Name:

Pace

(Signature)