Advanced Certificate for Management Professionals (ACMP) 4.0

Employer Nomination Form

General information	
1.Organization Name	
2.Year of Establishment	
3.Address	
4.MD/CEO's Name	
5.Contact No	
6.Email Id	
7. What are your company's specialized products / services?	
8.Number of Employees	
9.Number of Managers	
10. How many managers can you send from your company for ACMP 4.0?	
Key Contact Person	
1. Name	
2. Designation	
3.Contact No	
4.Email Id	

I, do hereby declare that the information and data given above are correct & I shall abide to the terms and conditions mentioned below

For and on behalf ofthe employer

Signature: _____Date: _____

Name:_____ Designation: _____

TERMS AND CONDITIONS

a. Employer will ensure the availability of its Employee for the training as per the schedule, which will be shared with the Employer well in advance. Employee will attend the training program in full, without missing any classes, assignments, assessments, etc. as per ACMP 4.0

b. Employer will ensure that the students complete the pre and post assessment tests required for the certification ofthe ACMP 4.0

c. Employer will ensure that training material shared during the training shall be kept confidential by the employee. It should not be provided to anyone with/ without written consent

d. In most unavoidable cases of medical emergencies, in case Employee misses a class, Employee shall cover-up the missed class through self-study and ensure Employee is up-to-date with what was taught in that missed class. In this case, the employee will submit the relevant document to prove medical or other personal exigencies. Further, the employee may be required to undertake and meet minimum passing grade on additional assignments/ assessments for the missed part.

e. In all cases of medical emergency. The decision of IBA authority in approving such absence on medical emergencies shall be final on production of medical certificate

1. Employees with at least 2 years of experience and at the levels of Team leaders, Senior Engineers, supervisors, junior managers and others who need to develop their managerial skills and move into manager and senior manager roles.

Annexure: 1

List of the Managers for ACMP 4.0 Program:

Employees Information				
Sr. No	Name	Designation	Contact No	Email Id

For and on behalf of the employer

Signature: _____ **Date:** _____

Name: _____ **Designation:** _____