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| **8th AIM – AMA Sheth Foundation Doctoral Consortium** |
| **January 3 -6, 2020** |

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| **NOMINATION FORM** |

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| Nominee Name |  | |  | | | |  | |
| *First Name* | | *Middle Name* | | | | *Last Name* | |
| Category | Consortium fellow | | | Young Faculty | | | | |
| AIM Member | Yes | | | | No | | | |
| **SECTION 1 (For Consortium Fellow)** | | | | | | | | |
| No. of Years in the Program (YY/MM) |  | Major Research area | | | |  | | |
| Date of clearing comprehensive examination |  | | | | | | | |
| **SECTION 2 (For Young Faculty)** | | | | | | | | |
| Work Experience |  | | | | | | | |
| Major Research Area |  | | | | | | | |
| **Details of Nominating Authority**  **(Not for self-nominating participants)** | | | | | | | | |
| Nominating Authority |  | |  | | | |  | |
| *First Name* | | *Middle Name* | | | | *Last Name* | |
| Phone |  | | | | | | | |
| Email |  | | | | | | | |
| Institute Name |  | | | | | | | |
| Institute Address |  | | | | | | |  |
| *Street Address* | | | | | | | *Landmark* |
|  |  | | |  | | | | |
| *City* | | | *State* | | | | |
|  |  | | | | | | | |
| *Zip Code* | | | | | | | |



**Thesis Abstract**

**(Word Limit 500)**

**(Not Mandatory for Young Faculty)**

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