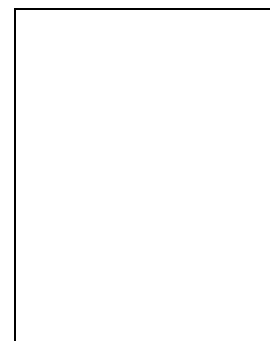




APPLICATION FORM
POST GRADUATE DIPLOMA
IN
PATENT MANAGEMENT
2009-10



Application to be sent to:

102, First Floor, 7, Udyog Nagar Estate,
S.V.Road, Goregaon West,
Mumbai 400 104.
e-mail: info@aips.ac.in
website: www.aips.ac.in

1. NAME _____
(First) (Surname)

2.TITLE _____ Ms _____ Mrs. _____ Mr. _____ Dr.

3. PERSONAL DATA Date of Birth: (Day / Month/ Year) ____ / ____ / ____
Gender: _____ Male / _____ Female

4. CONTACT INFORMATION

Residential Address:

Office Address:

Telephone Home: _____ Office: _____ Cell: _____

Fax: _____ Personal e-mail _____

Office e-mail _____

Preferred contact address: Residence Office (Please tick appropriate box)

5. EDUCATIONAL QUALIFICATIONS

Name of Institution	Board/ Univ / Year of passing	Subject (major)	%age obtained	Degree Awarded

6. WORK EXPERIENCE

Name of Organization	Designation last held	Number of years	Area of work	IP related? (Y/N)

7.OBJECTIVES

(A brief analysis of how you think AIPS and the chosen programme can be useful to you)

8. Are you applying as **Sponsored Candidate** **Self financing candidate**

9. Sponsor Information

Name of Organization _____

Address _____

Fax: _____ Tel: _____ e-mail _____

10. Signature of Sponsor _____

Signature: _____ Date: _____