



PMI India Practitioner of the Year Award

Nomination Form

PMI India Practitioner of the Year Award

Nominee Details

Name of the Nominee: _____

Designation of the nominee: _____

Nominee Organization: _____

Contact No:

Nominee Mail ID:

PMI Membership ID of Nominee:

Nominator Details

1. Primary Nominator

Nominator Name: _____

Nominator Mail ID: _____

Nominator Mobile No:

Nominator Organization:

Length of association with the nominee:

Type of Relationship with Nominee:
(Example: Component Member, Business Associate)

2. Secondary Nominator

Nominator Name: _____

Nominator Mail ID: _____

Nominator Mobile No:

Nominator Organization:

Length of association with the nominee:

Type of Relationship with Nominee:
(Example: Component Member, Business Associate)

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Details of attachment

- 1.
- 2.
- 3.