## Advanced Certificate for Management Professionals (ACMP)

## **Employer Nomination Form**

	Organization information	
1. Organization Name		
2. What is your organizations core business? ( e.gSoftware Development/ Creatives/ BPO/ Hardware)		
3. What is the age of the firm?		
4. Which IT/ITES Trade Organization is your company a part of? (e.g. BASIS/ BACCO/ BCS/ ISPAB/ AMTOB/ e- CAB etc.)		
5.Company Address		
6.MD/CEO's Name		
7.MD/CEO's Contact No		
8.MD/ CEO's Email Id		
g.Number of Employees		
10.Number of Managers <sup>1</sup>		
11. How many managers can you send from your company for ACMP?		
12.How many managers can you send for 1.phase 2/2.phase 3?2	Phase 2 (Jan2018- Apr-2018)	Phase 3 (May 2018- Aug 2018)
13.Kindly mention the weekly holidays in your company (Friday/Saturday/Sunday)		
14. Did your employee from your organization attend ACMP phase one? (yes/no)		
15. Is it possible to send your employee for two working days in a week? (e.g.: Monday & Tuesday)		
	Key Contact Person	
1. Name		
2. Designation		
3.Contact No		
4.Email Id		
I, do hereby declare that the information a	nd data given above are correct & I shall abi	ide to the terms and conditions
mentioned below		
For and on behalf of the employer		
Signature:	Date:	
Name: D	esignation:	

## **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
- b. Employer will ensure that the students complete the pre and post assessment tests required for the certification of the ACMP
- c. Employer has committed to deploy their managers to avail this Scholarship Program and partake this training without any financial implication to the Company or the Employee.
- d. 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
- e. 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.
- f. In all cases of medical emergency. The decision of BCC in approving such absence on medical emergencies shall be final on production of medical certificate

<sup>1.</sup> Employees with 2+ years of experience after graduation 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 also supervise at least 5 employees or 5 years of overall relevant experience

<sup>2.</sup> The ACMP will be divided into three phases. The first phase will begin in August 2017 and will be for a duration of 4 months. The second phase will begin in January 2018 for a period of 4 months and the third phase will begin in May 2018 for a period of 4 months

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Annexure: 1

List of the Managers for ACMP Program:

Employees Information							
Sr. No	Name	Designation	Contact No	Email Id	Completed Graduation (yes/no)	Years of experience	No. of people supervised

I, do hereby declare that the informatio	n and data given above are correct
For and on behalf of the employer	
Signature:	Date:
Name:	Designation: