

PHONE (0091)-20-25538264, WEBSITE: www.cictab.org E-MAIL - cictab@hotmail.com / cictab1983@gmail.com

Annexure - B

Template for Best Practices

1. About the organization (3 pages)

- Mission
- Management/Board of Directors
- Membership
- Activities
- Performance Indicators

2. Areas of Interventions

- Objective/Motivation
- Funded by (own source/external funding)
- Year of initiation
- Duration of project/scheme
- Status of project(completed/ongoing)
- Geographic spread
- Community involvement
- Training & Capacity building
- Activities of community before the project/scheme
- Activities of community after the project/scheme
- Opportunity/challenges facing community
- Major outcomes
- Way forward/Replicability

Note:

- (i) The nominated participant is expected to prepare and submit a Best Practices followed in your organization / country relating to the theme of the Conference.
- (ii) The Write-up may be sent in advance in MS Word format along with few action photographs in high resolutions to cictab1983@gmail.com by 20th January, 2025 for enabling to prepare workshop material for its circulation during conference.



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Annexure - C

Exhibition stall in VAMNICOM campus - 13th and 14th February, 2025

As a part of Networking session, Exhibition stalls in the size 10×6.5 ft. will be arranged in the VAMNICOM campus to all the CICTAB member institutions without any charges. The CICTAB member institutions will be required to set up their display of their posters/ products / services. The cost towards the display will be borne by the concerned member institutions. The member institutions are requested to send the details of Nodal Officer for setting up of exhibition by $31^{\rm st}$ December, 2024.

* EXHIBITION REGISTRATION FORM *

Name of the Programme		International Conference on "Unleashing Prosperity through Cooperatives: Digital Innovation and Value Chain"					
Date		13th - 15th Fe	ebruary, 2025				
Venue		Vaikunth Mehta National Institute of Cooperative Management, Pune (VAMNICOM)					
Name of the Member Institution							
Postal Address							
Phone No.		E-Mail ID					
		Website					
	Details of Nodal Officer fo	or facilitating i	in setting up of Exhibition Stall				
Name and designation							
Mob. No.		E-Mail ID					
Date:		Place:					

Seal and Signature of the Head of the Organization



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Annexure - D

* NOMINATION FORM *	7
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Name of the Programme	International Conference on					
Name of the Frogramme	"Unleashing Prosperity through Cooperatives:					
	Digital Innovation and Value Chain"					
Date	13th - 15th February, 2025					
Venue	Vaikunth Mehta National Institute of Cooperative					
	Management, Pune (VAMNICOM)					
Name of the Participant	Mr./Ms./Mrs.					
Designation						
Participa	ant's personal Information					
Date of Birth / Age:	/ Age: Yrs.					
Nationality						
Educational Qualifications						
Aadhar Card Number (for Indians						
only)						
Are you a Trainer/ Potential						
Trainer?						
(If yes, please provide details)						
Residential Address						
Mobile No.	E-Mail id					
(WhatsApp)	Personal					
Passport No.						
Date of Issue						
Date of Validity						



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Sponsoring Organisation Details:							
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De	sation (Par	ticipa	ant par	ent org	ganisati	on)	
Name of the Nominating Organisation							
Mailing Address							
Phone							
E-Mail ID		Website					
Date:		Place:					
Signature of the Participant							

SIGNATURE AND SEAL OF THE SPONSORING AUTHORITY