APPLICATION FOR ADMISSION

Please answer all questions and type or print legibly. This application must be fully completed and signed before review by the Admissions Committee.

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.

SIGNATURE OF APPLICANT: ____________________________ DATE: ________________

GENERAL INFORMATION

NAME: ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ 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____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ General Instruction
ORGANIZATION

YEAR YOUR COMPANY WAS FOUNDED: □□□□, □□□□, □□□□, □□□□

Annual Sales Volume (in U.S. dollars): □□□□, □□□□, □□□□, □□□□

NUMBER OF EMPLOYEES: □□□□, □□□□, □□□□, □□□□

DOES YOUR FAMILY HAVE OWNERSHIP CONTROL OF ITS BUSINESS? □ YES □ NO

IF YES, YEAR YOUR FAMILY ASSUMED OWNERSHIP CONTROL OF COMPANY: □□□□, □□□□, □□□□, □□□□

IF NO, PLEASE STATE YOUR FAMILY CONNECTION TO THE BUSINESS: □□□□, □□□□, □□□□, □□□□

PLEASE SELECT YOUR BUSINESS’S CURRENT OWNERSHIP STAGE:

□ Controlling Owner (one individual or that individual and his/her spouse have ownership control)
□ Sibling Partnership (two or more brothers and/or sisters have ownership control)
□ Cousin Consortium (two or more cousins have ownership control—no single family branch has enough voting stock to have ownership control)
□ Multi-Family (two or more different families—not branches of the same family—have ownership control)
□ Another combination of relatives has ownership control. Please Explain: □□□□, □□□□, □□□□, □□□□

PLEASE CHECK YOUR CURRENT INDUSTRY (check one only):

Manufacturing
□ Aerospace/Automotive/Transportation Equipment
□ Agriculture, Food, and Beverage
□ Biotechnology
□ Chemicals
□ Consumer Products
□ Energy/Extractive Minerals
□ Heavy Capital Intensive/Raw Materials Suppliers
□ High Technology/Electronics
□ Highly Diversified Manufacturing and Nonmanufacturing
□ Machinery and Equipment Manufacturers
□ Medical/Healthcare Devices
□ Paper and Forest Products
□ Pharmaceuticals
□ Software
□ Textiles
□ Other Manufacturing
□ Specify: □□□□, □□□□, □□□□, □□□□

Nonmanufacturing
□ Accounting
□ Advertising
□ Advocacy/Legal Services
□ Broadcasting
□ Commercial Banking
□ Computer-Related Services
□ Construction
□ Consulting
□ Education
□ Engineering
□ Entertainment/Leisure
□ Environmental Conservation
□ Food Service/Lodging
□ Foundation/Grantmaking
□ General Government
□ Health Services
□ Housing and Urban Development
□ Insurance and Diversified Financials
□ Investment Banking/Brokerage
□ Investment Management
□ Military
□ Printing/Publishing
□ Real Estate
□ Retailing/Wholesaling
□ Social Services
□ Telecommunications
□ Trading
□ Transportation
□ Utilities
□ Other Communications
□ Specify: □□□□, □□□□, □□□□, □□□□
□ Other Nonprofit
□ Specify: □□□□, □□□□, □□□□, □□□□
□ Other Services
□ Specify: □□□□, □□□□, □□□□, □□□□

ANNUAL COMPENSATION (INCLUDING BONUS) IN U.S. DOLLARS (check one only):
□ <$100,000
□ $101,000–$150,000
□ $151,000–$200,000
□ $201,000–$300,000
□ $301,000–$500,000
□ >$500,000
**WHAT FUNCTION BEST DESCRIBES YOUR POSITION?** (check one only):  
- [ ] Accounting/Control  
- [ ] Engineering  
- [ ] Finance  
- [ ] Fundraising  
- [ ] General Management  
- [ ] Human Resources  
- [ ] Information Services  
- [ ] Law  
- [ ] Logistics  
- [ ] Manufacturing/Operations  
- [ ] Marketing  
- [ ] Medicine  
- [ ] Planning  
- [ ] Product Development  
- [ ] Project Management  
- [ ] Public Relations  
- [ ] Purchasing  
- [ ] Religion  
- [ ] Research & Development  
- [ ] Sales  
- [ ] Teaching  
- [ ] Other  
  specify:  

**ADDITIONAL CANDIDATES** (This section may be photocopied as necessary.)

1. **NAME:**  
   Last (family)  First  Middle Initial  Prefix (Mr., Ms.)  Suffix (Jr., I)  
   COMPANY/ORGANIZATION NAME IF DIFFERENT FROM FRONT PAGE:  
   YOUR TITLE OR POSITION IN THE COMPANY/ORGANIZATION, IF APPLICABLE:  
   NICKNAME/FAMILIAR NAME FOR NAME BADGE:  
   MAILING ADDRESS:  
   Street  City  State/Country  Zip Code/Postal Code  
   TELEPHONE:  FAX:  EMAIL:  
   YOUR RELATIONSHIP TO FOUNDER OR ORIGINAL FAMILY MEMBER IN THE BUSINESS:  

2. **NAME:**  
   Last (family)  First  Middle Initial  Prefix (Mr., Ms.)  Suffix (Jr., I)  
   COMPANY/ORGANIZATION NAME IF DIFFERENT FROM FRONT PAGE:  
   YOUR TITLE OR POSITION IN THE COMPANY/ORGANIZATION, IF APPLICABLE:  
   NICKNAME/FAMILIAR NAME FOR NAME BADGE:  
   MAILING ADDRESS:  
   Street  City  State/Country  Zip Code/Postal Code  
   TELEPHONE:  FAX:  EMAIL:  
   YOUR RELATIONSHIP TO FOUNDER OR ORIGINAL FAMILY MEMBER IN THE BUSINESS:  

3. **NAME:**  
   Last (family)  First  Middle Initial  Prefix (Mr., Ms.)  Suffix (Jr., I)  
   COMPANY/ORGANIZATION NAME IF DIFFERENT FROM FRONT PAGE:  
   YOUR TITLE OR POSITION IN THE COMPANY/ORGANIZATION, IF APPLICABLE:  
   NICKNAME/FAMILIAR NAME FOR NAME BADGE:  
   MAILING ADDRESS:  
   Street  City  State/Country  Zip Code/Postal Code  
   TELEPHONE:  FAX:  EMAIL:  
   YOUR RELATIONSHIP TO FOUNDER OR ORIGINAL FAMILY MEMBER IN THE BUSINESS:
EDUCATION

DEGREE (check only)

☐ High School  ☐ Two-Year College  ☐ BS/BA  ☐ MS/MA  ☐ MBA  ☐ Harvard MBA

highest level attained:

☐ JD/Law  ☐ PhD  ☐ MD  ☐ Foreign Diploma  ☐ Other

UNIVERSITY:  YEAR:

HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL PROGRAMS?

PROGRAM NAME  DATE

CANCELLATION POLICY

Payment is due within 30 days of the invoice date. Cancellations or deferrals must be submitted in writing more than 30 days before the program start date to receive a full refund. Due to program demand and the volume of preprogram preparation, cancellations or deferrals received 14 to 30 days before the program start date are subject to a fee of one-half of the program fee. Requests received within 14 days of the program start date are subject to full payment of the program fee.

Upon acceptance, payment is required prior to the program start date.

I have read the cancellation policy and agree to the terms stated. (please initial here) ______

HOW DID YOU LEARN ABOUT THIS PROGRAM?

☐ Direct mail package  ☐ HBS Executive Education website  ☐ Online advertisement  ☐ Social media

☐ HBS email notification  ☐ Internet search  ☐ Print advertisement  ☐ Other (specify):

WHAT FACTOR HAD THE MOST INFLUENCE ON YOUR DECISION TO APPLY TO THIS PROGRAM?

☐ A previous participant in an HBS Executive Education program  ☐ An MBA graduate of HBS

Participant Name ________________________________  Program/Year ________________________________

☐ Division Head or Manager  ☐ HBS faculty  ☐ Human resource department  ☐ Other (specify):

☐ HBS Executive Education Corporate Relations

IF YOU SAW A PRINT ADVERTISEMENT, PLEASE SPECIFY WHERE:

☐ The Economist  ☐ Harvard Business Review  ☐ Other (specify):

☐ The Economic Times  ☐ Fortune

IF YOU SAW AN ONLINE ADVERTISEMENT, PLEASE SPECIFY WHERE:

☐ BBC  ☐ Firstpost  ☐ LiveMint

☐ Business Standard  ☐ Harvard Business Review  ☐ Other (specify):

☐ Economic Times  ☐ LinkedIn
SPONSORING INFORMATION

Harvard Business School Executive Education requires that a senior executive within the organization sponsor the applicant. (Please note that the sponsor must be someone other than the applicant.)

NAME OF SPONSORING ORGANIZATION:
nominates this senior manager for the Managing Family Businesses for Generational Success—India program. It is understood that this executive, if admitted, will be completely free of official duties while participating in the program. It is also understood that this executive is proficient in fast-paced, conversational English. The sponsoring employer certifies that the employee is an employee in good standing, that the employer has approved the employee's participation in the program, and that the employer will notify HBS if there is any material change in the employee's status prior to the program.

SIGNATURE OF SPONSORING EXECUTIVE: DATE:

NAME:
Last (family)  First  Middle Initial  Prefix (Mr., Ms.)  Suffix (Jr., II)

TITLE OR POSITION:

COMPANY/ORGANIZATION NAME:

COMPANY/ORGANIZATION ADDRESS:
(P.O. boxes accepted outside U.S.) Street  City  State/Country  Zip Code/Postal Code

TELEPHONE:  FAX:  EMAIL:

BILLING INFORMATION

An invoice will be emailed to the individual indicated below.

NAME:
Last (family)  First  Middle Initial  Prefix (Mr., Ms.)  Suffix (Jr., II)

TITLE OR POSITION:

COMPANY/ORGANIZATION NAME:

COMPANY/ORGANIZATION ADDRESS:
(P.O. boxes accepted outside U.S.) Street  City  State/Country  Zip Code/Postal Code

TELEPHONE:  FAX:  EMAIL:

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