



# APPLICATION FORM

**Instructions to fill the Application Form:**

FORM NO. \_\_\_\_\_

Write in English and CAPITAL LETTERS. Use only Blue / Black Ball point Pen. Use of Green / Red Pen and Pencil is prohibited.

Fill one character per box leaving a blank box between two words. Do not write outside the boxes. DO NOT USE PHOTOCOPY OF THIS FORM.

Forms should be sent to - The Admissions Incharge, BSE Institute Limited (BIL), 18th &amp; 19th Floor, P.J. Towers, Dalal Street, Mumbai - 400001

**Course Applied for:** **Certificate Program in Business Analytics**PASTE AND SIGN ACROSS YOUR RECENT  
PASSPORT SIZE COLORED PHOTOGRAPH  
(with white background)**DONOT STAPLE / PIN THE PHOTOGRAPH****Payment Details****a) Online Transaction Details**

Online Transaction Number

**b) Demand Draft Details**

D/D Number

D/D Date

D/D Amount

Bank Name

**1 Applicant's Name (do not write Shri/Mr./Dr. etc.)**

(First Name)

(Middle Name)

(Surname)

**2 Father's/Husband's Name (do not write Shri/Mr./Dr. etc.)**

(First Name)

(Middle Name)

(Surname)

**3 (a) Address for Correspondence: House/ Flat No. Building, Street/Village/Mohalla (do not write Father's Or your name here)****City****District****State****Pin Code****3 (b) Telephone Number (with STD code)****3 (c) Mobile Number****3 (d) E-mail ID****4 Gender: Cross (X) the appropriate box** Male  Female**5 Date of birth**

Date

Month

Year

**6 Nationality: Cross (X) appropriate box** Indian  Other

Specify, if other: \_\_\_\_\_

**7 Category: Cross (X) the appropriate box only** General  ST\*  SC\***8 Marital Status: Cross (X) the appropriate box** Married  Divorced  Widowed  Unmarried**9 (a) Educational Qualifications (Please refer to 'Checklist' for attachments)**

Year of graduation

Percentage of marks

(Leave Blank if appearing)

Name of College

Name of University

**9 (b) Stream: Cross (X) the appropriate box**

	Science	Arts	Commerce	Engineering	Others
Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify, if others

**10 Work Experience**Duration in Years  and Months 

Employed in (cross (X) the appropriate box)

 Govt./Public Sector Semi Govt. Pvt. Sector Self Employed

Annual Family Income (Cross (X) the appropriate box)

 Upto Rs. 2 lac 2 lac to 5 lac 5 lac to 15 lac Above 15 lac**11 Attested photostat of submitted documents (Please list the documents attached with the form):**

1 \_\_\_\_\_

8 \_\_\_\_\_

2 \_\_\_\_\_

9 \_\_\_\_\_

3 \_\_\_\_\_

10 \_\_\_\_\_

4 \_\_\_\_\_

11 \_\_\_\_\_

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12 \_\_\_\_\_

6 \_\_\_\_\_

13 \_\_\_\_\_

7 \_\_\_\_\_

14 \_\_\_\_\_

**DECLARATION BY APPLICANT**

I hereby declare that I have read and understood the conditions of eligibility for the program for which I seek admission. I fulfill the minimum eligibility criteria and have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by BIL at anytime and I shall not be entitled to refund of any fee paid by me to BIL.

I would like BIL to update me on the new products and services.

I have carefully studied the rules of BIL as printed in the prospectus and I accept them and shall not raise any dispute over the same rules.

Date: / / 

Date

Month

Year

Signature of candidate