

APPLICATION FORM



Instructions to fill the Application Form:

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 & 19th Floor, P.J. Towers, Dalal Street, Mumbai - 400001

FORM NO. _____

AEP No.: _____

Course Applied for:

Certified Market Analyst Program

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 no write Father's Or your name here)

City

District

State

Pin Code

3 (b) Telephone Number (with STD code)

0

3 (c) Mobile Number

0

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 Marital Status: Cross (X) the appropriate box

Married Divorced Widowed Unmarried

8 (a) Educational Qualifications (Please refer to 'Checklist' for attachments)

Year of graduation Percentage of marks

Name of College Name of University

8 (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

9 Work Experience			
Duration in	Years	[]	and Months
		[]	
Present Company	[]		Designation
	[]		[]
Employed in (cross (X) the appropriate box)			
<input type="checkbox"/> Govt./Public Sector	<input type="checkbox"/> Semi Govt.	<input type="checkbox"/> Pvt. Sector	<input type="checkbox"/> Self Employed
Annual Family Income (Cross (X) the appropriate box)			
<input type="checkbox"/> Upto Rs. 2 lac	<input type="checkbox"/> 2 lac to 5 lac	<input type="checkbox"/> 5 lac to 15 lac	<input type="checkbox"/> Above 15 lac

10 Attested photostat of submitted documents (Please list the documents attached with the form):

- | | |
|---------|----------|
| 1 _____ | 8 _____ |
| 2 _____ | 9 _____ |
| 3 _____ | 10 _____ |
| 4 _____ | 11 _____ |
| 5 _____ | 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