

FLAME UNIVERSITY

			AP	PL	ICAT	ION (CUM NO	MIN	OITAN	NFORM			
Programme Title		FLAME Investment Lab – Value Investing Blueprint											
Date													
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TO BE FILLED IN BY THE Applicant													
	General Information												
Name													
Male		Fen	Female		Age Date			Date	e of Birth				
Designation:													
Organization:													
Address for communication:													
City		Pin							Fax				
Phone	(Office): (Residence):												
Email									Mobile				
Description of present responsibilities													
						•							
Descript	ion c	of Pa	st respo	onsib	oilities								
•													
Designa	tion of executive to whom you report												
Qualification													
Degree				Subj	ject(s)				Year	College/University			

Work experience										
Organization	Position	Ye	ars of experience	Gross Salary						
Statement of Purpose – Why should you be selected for this programme?										
L										
What are your expectations from this programme? Why do you want to attend this programme? How do										
	rou see it contributing to your overall development?									
Are you willing to contri	bute your	time in the								
planning of future progra	ams of FIL	.? (Yes/No)								
In what way, will your past experience help in contributing towards the future programs of FIL?										
Are you a FLAME Inves	tment Lab	Alumni? (Yes/No)								
If ves. which previous p	rogramme	have you attended	d?							

Personal Declaration:

I hereby certify that I have provided accurate information in this application. I am aware that any misrepresentation or omission of facts in my application will justify the denial of admission or withdrawal of admission from this programme. I also declare that I will not use any audio video recording equipment during the programme.

Date:		Signature:									
	то	BE FII	LLED I	N BY	THE SI	PONS	OR/EMF	PLOYE	₹		
Name of the sponsor					ı	Designation					
Organization					,						
Address for communic	ation										
	1										
		City	City			PI					
Phone		Fax					Email				
'		1	Inforn	natio	n on Or	ganiz	ation				
Total AUM (last year)					Total Employee Count (last year)						
Date:							Signa	ıture:	•		
Payment Details: Ched	que / DE	O No			_ Date _			Amour	nt		
Bank											

Please send your application and payment to: FLAME Investment Lab, FLAME University, 401, Phoenix Complex, Bund Garden Road, Opposite Residency Club, Pune 411001, Maharashtra, India. Please write the applicant name and "FLAME Investment Lab" at the back of the demand

Please note that in the event of cancellation, there will be no refund.

draft/cheque. Applications without the payment will not be accepted.

Fees should be made payable to "FLAME University Pune" at Pune.