

## **FLAME UNIVERSITY**

			AF	PL	ICAT	ION (	CUM NO	MIN	<b>10ITA</b>	N FORM		
Programme Title		FLAME Investment Lab (FIL) – Behavioral Finance and Value Investing with Sanjay Bakshi										
Date	06-09 July, 2017											
					d form to ee at 1-8		lame.edu.in 9-4567	1				
					TO E	BE FILL	_ED IN BY T	HE A	pplicant			
		General Information										
Name												
Male		Female		Age			Dat		of Birth			
Designa	tion:				•		<u>.</u>					
Organization:												
Address for communication:												
City					Pin			Fax				
Phone	(Offi	(Office): (Residence):										
Email									Mobile			
Descript	ion of	f prese	nt res	spor	nsibilities							
						•						
Description of Past responsibilities												
						•						
Designation of executive to whom you report												
							Qualification	on				
Degree	egree		;	Subj	ect(s)				Year	College/University		

Work experience									
Organization	Position		Years of experience	Gross Salary					
Statement of Purpose – Why sho	uld you be selected	for this proc	ıramme?						
,			,						
What are your expectations from	this programme? W	hy do you w	rant to attend this progra	amme? How do					
you see it contributing to your over	erall development?								
Are you willing to contribute your planning of future programs of FII									
In what way, will your past experi	, ,	uting toward	s the future programs o	f Ell 2					
iii what way, will your past expen	ence help in continu	uting toward	s the luture programs o	I FIL!					
L									
Are you a student of Prof. Sanjay	Bakshi? (Yes/No)								
If 'Yes', which batch did you grad	uate in?								
Are you a FLAME Investment Lab	o Alumni? (Yes/No)								
Have you attended Prof. Sanjay I	Bakshi's program at	the FLAME	Investment Lab earlier?	Y (Yes/No)					

## **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:										
		TO E	BE FIL	LED II	N BY	THE S	PONS	OR/EMF	PLOYE	R	
Name of					Designation						
Organiza	ation										
Address	for communic	ation									
				City						PIN	
Phone			Fax					Email			
				Inforn	natio	n on O	rganiz	ation			
Total AL	Total year)				Employee Count (last						
Date:								Signa	ture:		
Payment	Details: Chec	que / DI	O No			_ Date			Amour	nt	
Bank											

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

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

Please note that in the event of cancellation, the following cancellation fee schedule will apply:

- At least 3 weeks before the start date: No cancellation fees
- At least 2 weeks before the start date: Half programme fees will be deducted
- Less than 2 week before the start date: Full programme fees will be deducted