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**FLAME UNIVERSITY**

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| APPLICATION CUM NOMINATION FORM |
| Programme Title | **FLAME Investment Lab (FIL) With The Masters – Invest In Yourself** |
| Date | 12-16 July, 2017 |
| **Please email the completed form to: fil@flame.edu.in**For queries, please call toll-free at 1-800-209-4567 |
| TO BE FILLED IN BY THE Applicant |
|  | **General Information** |
| Name |  |
| Male  |  | Female  |  | Age |  | Date of Birth |  |
| Designation: |
| Organization: |
| Address for communication: |
|  |
| City |  | Pin |  | Fax |  |
| Phone | (Office): (Residence): |
| Email |  | Mobile |  |
| Description of present responsibilities |  |
|  |
| Description of Past responsibilities  |  |
|  |
|  |
| Designation of executive to whom you report |  |
| Qualification |
| Degree | Subject(s) | Year | College/University |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Work experience |
| Organization | Position | Years of experience | Gross Salary |
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| Statement of Purpose – Why should you be selected for this programme? |
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| What are your expectations from this programme? Why do you want to attend this programme? How do you see it contributing to your overall development? |
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| Are you willing to contribute your time in the planning of future programs of FIL? (Yes/No) |  |
| In what way, will your past experience help in contributing towards the future programs of FIL? |
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| Are you a FLAME Investment Lab Alumni? (Yes/No) |
| Have you attended the FLAME Investment Lab With The Masters programme earlier? (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| TO BE FILLED IN BY THE SPONSOR/EMPLOYER |
| Name of the sponsor |  | Designation |  |
| Organization |  |
| Address for communication |  |
|  |
|  | City |  | PIN |  |
| Phone |  | Fax |  | Email |  |
| Information on Organization |
| Total AUM (last year) |  | Total Employee Count (last year) |  |

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Details: Cheque / DD No.\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_**

**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