

FLAME UNIVERSITY

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	<input type="checkbox"/>	Female	<input type="checkbox"/>	Age	<input type="text"/>	Date of Birth	<input type="text"/>
Designation:							
Organization:							
Address for communication:							
City	<input type="text"/>	Pin	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	
Phone	(Office): <input type="text"/>		(Residence): <input type="text"/>				
Email	<input type="text"/>			Mobile	<input type="text"/>		
Description of present responsibilities				<input type="text"/>			
Description of Past responsibilities				<input type="text"/>			
Designation of executive to whom you report				<input type="text"/>			
Qualification							
Degree	Subject(s)			Year	College/University		
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		

Work experience			
Organization	Position	Years of experience	Gross Salary

Statement of Purpose – Why should you be selected for this programme?

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?

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?	

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: _____

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