## NISM Continuing Professional Education

## Registration Form



(Please fill the form in CAPITAL LETTERS only. Fields marked \* are mandatory)

## **Program Details\***

CPE Program Name (NISM Seri				
CPE Code:				
CPE Centre/Location:	CPE Date:			
Personal Details*				
Name:				
PAN No.:				
Gender (M/F):		Affix your recent Passport		
Address for Communication:				
City:	PIN Code:			
Tel:	Mobile:			
Email id:				
<b>Professional Details</b>				
Educational Qualification:	Occupation:			
Designation: Organization:				
Certification Details (for Hold	ders of a Certificate)			
Name of valid Certificate	Certificate Number	Expiry date of Certificate		

ARN Details (if applicable/for Mutual Fund Distributors Program)

ARN Number	ARN Expiry Date

Payment Details\* (whichever applicable)

DD Number	Amount	Drawee Bank/Branch	DD Date	
Electronic Payment Details:				

I hereby confirm that I have carefully read the Eligibility Criteria to be satisfied and the supporting documents to be submitted for the issuance of the CPE Certificate by NISM. I am also aware that NISM reserves the right to defer/cancel issuance of my CPE certificate at any point of time in case any discrepancies are found in either the fee paid or documents submitted by me and that I will neither be entitled to claim refund of the registration fee not will I be entitled to claim a certificate for the CPE Program attended by me.

Date:

Place:



## Kindly enclose the following in sequence:

- 1. Two Photographs\* (Mention your Name and PAN No on the backside of the Photographs)
- 2. Copy of PAN Card\*
- 3. Copy of valid Certificate (if you are a Certificate holder)
- 4. Demand Draft / any other mode of payment
- 5. Letter from the Compliance Officer (*if you belong to the 'Principal' or 'Grandfathered* Type II' category)
- 6. Copy of ARN Card (if applicable/for Mutual Fund Distributors CPE)
- 7. Any other document as may be specified in NISM Circular

Documents marked with\* are mandatory for all participants