NISM Continuing Professional Education

Registration Form



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

Program Details*

	eries):			
	de: tre/Location:CPE Date:			
Personal Details*				
PAN No.: Gender (M/F): Address for Communication:	Date of Birth:	 Affix your recent Passport size Photograph within this Box 		
	PIN Code:			
Tel:	Mobile:			
Email id:				

Professional Details

Educational Qualification:	Occupation:
Designation:	Organization:

Certification Details (for Holders 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

*Fields marked are mandatory for all participants