

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

Program Details*

CPE Program Name (NISM Series): _____

CPE Code: _____

CPE Location: _____ CPE Date: _____

Personal Details*

Name: (as on PAN Card) _____

Permanent Account Number (PAN): _____

Gender (M/F): _____ Date of Birth (dd-mm-yy): _____

Address for Communication: _____

City: _____ PIN Code: _____

Tel: _____ Mobile: _____

Email id: _____

Affix your recent
Passport size
Photograph
within this Box
**(Do NOT sign
across the
Photograph)**

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 Required Documents to be produced 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 produced by me and that I will neither be entitled to claim refund of the registration fee nor will I be entitled to claim a Certificate / acknowledgement of any kind for the CPE Program attended by me.

Date:

Place:

Signature of the Participant

(Note: This page is NOT a part of the Registration Form and shall not be included in the same)

Kindly enclose the following in sequence:

1. A Photograph* (*to be affixed in the Space provided in the Registration Form*)
2. Copy of PAN Card*
3. Demand Draft / any other mode of payment*
4. Copy of valid Certificate (*if you are a Certificate holder*)
5. Copy of ARN Card (*if applicable for Mutual Fund Distributors CPE*)
6. Proof of Designation / Proof of Experience (*if you belong to the 'Principal' or the 'Grandfather by Experience' Category*)
7. Copy of Registration Certificate of the Intermediary / Organization (*if you belong to the 'Principal' or the 'Grandfather by Experience' Category*)

**Fields marked are mandatory for all participants*

NISM Contact Details:

National Institute of Securities Markets

6th Floor, NISM Bhawan, Plot No. 82, Sector 17, Navi Mumbai 400 703

Email id: cpe@nism.ac.in | Tel: +91-22-6111 5555