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| **NISM logo.bmp** | | | **National Institute of Securities Markets** | | | | | | | | | | |
| **Application Form/Renewal Form**  **for Accreditation of Certification for Investment Advisers** | | | | | | | | | | | | | |
| *\*Please attach additional sheets for any of the fields, if required* | | | | | | | | | | | | | |
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| **Organizational Details** | | | | | | | | | | | | | |
| Organization Name: | | | | | | | | | | | | | |
| Name of the Certification to be Accredited: | | | | | | | | | | | | | |
| Registered Address: | | | | | | | | | | | | | |
|  | | | | | | City: | | | | | Pin: | | |
| Address for correspondence: | | | | | | | | | | | | | |
|  | | | | | | City: | | | | | Pin: | | |
| Details of Authorized Persons/Nodal officers (I - Primary, II - Secondary) | | | | | | | | | | | | | |
| Sr No | | Name | | | Designation | Email | | | | | Mobile | | |
| I | |  | | |  |  | | | | |  | | |
| II | |  | | |  |  | | | | |  | | |
| Website: | | | | | | Fax Number: | | | | | | | |
| Income Tax Registration Details | | | | | | | | | | | | | |
| PAN Number: | | | | |  | | | | | | | | |
| TAN Number: | | | | |  | | | | | | | | |
| Service Tax Number: | | | | |  | | | | | | | | |
| Organization Registration Details | | | | | | | | | | | | | |
| Sr No | | Registering Authority | | | | Registration Number | | | | | | | |
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| **Section A: Background of the Organization(attach relevant supporting documents as Annexure A)** | | | | | | | | | | | | | |
| 1. **Aim / Objective of your Business / Organization:** | | | | | | | | | | | | | |
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| 1. **Organizational Structure:** [(a) Constitution of the Organization, (b) Organizational Reach across the country, (c) Organizational History, (d) Employee Strength, (e) Government/Private/Non-Profit] | | | | | | | | | | | | | |
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| 1. **Details of Promoters and Management of the Organization:** | | | | | | | | | | | | | |
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| 1. **Affiliation to any recognized association/industry body:** [(a) Affiliation to recognized international bodies, (b)Affiliation to recognized Indian industry associations. Also specify the name of the organization(s) with which it is affiliated and the nature of affiliation and its impact] | | | | | | | | | | | | | |
| **Sr. No** | **Organization / Industry Body** | | | | | | | **Nature of affiliation** | | | | | |
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| 1. **Number of certification examinations developed and administered for the financial markets, securities markets and related segments:** [(a)Name and Number of certification examinations developed, (b)Name and Number of certification examinations administered, (c) Number of candidates appeared and passed for various certification examinations in last 3 years] | | | | | | | | | | | | | |
| **Sr. No** | | **Name of Certification Developed** | | | | **Number of Candidates Appeared in last 3 years** | | | | | **Number of Candidates Passed in last 3 years** | | |
|  | |  | | | | **2015-16** | **2016-17** | | **2017-18** | | **2015-16** | **2016-17** | **2017-18** |
| 1 | |  | | | |  |  | |  | |  |  |  |
| 2 | |  | | | |  |  | |  | |  |  |  |
| 3 | |  | | | |  |  | |  | |  |  |  |
| 4 | |  | | | |  |  | |  | |  |  |  |
| 1. **Financial Strength of the Organization:**[(a)Audited Financial Results for the last 3 years.] | | | | | | | | | | | | | |
| **Sr. No** | | **Financial Year** | | | **Net worth (INR)** | **Revenue (INR)** | | | | | **Net Profit (INR)** | | |
| 1 | | 2015-16 | | |  |  | | | | |  | | |
| 2 | | 2016-17 | | |  |  | | | | |  | | |
| 3 | | 2017-18 | | |  |  | | | | |  | | |
| **Section B: Policies and Processes followed for the Certification Examination (attach relevant documents as Annexure B)** | | | | | | | | | | | | | |
| 1. **Reputation/ Acceptance of the course to be accredited:**[(a)Whether the certification is accredited or recognized by international / national bodies. If yes, please specify the name of the bodies by which it is accredited / recognized.] | | | | | | | | | | | | | |
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| 1. **Job Description:**[(a)Whether job analysis was done to understand the tasks/roles performed by a person working in the particular segment of the market.] | | | | | | | | | | | | | |
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| 1. **Development Process of Course Outline, Curriculum and Workbook:**[(a)Mention the process of development and review of course outline, curriculum, reading material / textbook, question bank, test definition, examination structure. Also mention the examination fees, passing percentage/passing marks.] | | | | | | | | | | | | | |
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| 1. **Involvement of Industry in the development of the certification examination:**[(a)List of the industry partners involved in the development of the certification examination and nature of involvement.] | | | | | | | | | | | | | |
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| 1. **Availability of Certification Policies and Revalidation Mechanism:**[(a)Mention the frequency of examination review / update, (b) Frequency of question bank analysis, (c) Frequency of analysis of candidate’s responses, (d) Certification Revalidation /Renewal Policy.] | | | | | | | | | | | | | |
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| 1. **Team for Content development and maintenance of examination to be accredited – Fully employed/contractual employed:** [(a)In-house team of experts, (b) Contractually employed team of experts, c) Quality of the experts in the content development team (both internal and external). Along with their qualification details] | | | | | | | | | | | | | |
| **Sr. No** | | **Name** | | **Qualifications** | | **Work-experience (securities markets)** | | | | | **Fully /Contractually Employed** | | |
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| 1. **Number of persons appeared and passed for the particular certification applied for accreditation:** | | | | | | | | | | | | | |
| **Sr. No** | | **Financial Year** | | **Number of Candidates Appeared** | | | | | | **Number of Candidates Passed** | | | |
|  | | 2015-16 | |  | | | | | |  | | | |
|  | | 2016-17 | |  | | | | | |  | | | |
|  | | 2017-18 | |  | | | | | |  | | | |
| 1. **System for Maintaining Records of Certified Individuals:**[(a)Whether database maintains details of previous and current certified individuals, (b)Whether there is a mechanism available to verify the validity and originality of the certificate of a candidate by an employer.] | | | | | | | | | | | | | |
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| 1. **Interface with the participants for registration, cancellation, postponement, redressal of grievances, feedback mechanism:**[(a)Web Software for registration and enrollment, (b)Dedicated support team / helpdesk to address candidates’ queries.] | | | | | | | | | | | | | |
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| 1. **Administration Policies, Processes and Quality checks:** [(a) Whether Candidates question Paper and answer keys are stored, (b) Whether processes related to secure access of Test materials exist and are implemented (i.e. access of question banks and answer keys is provided to authorized personnel only.), (c) Whether Random question papers are generated for each candidate, (d) Is Test Centre Outsourced and if yes, then through which organizations?, (e) Quality of candidate testing interface/ comfortable seating/ screen visibility etc ., (f) Security of test Centre, (g) Is any other internet websites accessible from the workstation during the test?, (h) Is the rough sheet/other sheets collected back after completion of examination?, (i) Frequency of conducting Inspection& Supervision?, (j)Details of complaints and Queries received regarding examination for past 3 years?, (k)Procedures/ Code of Conduct followed by staff during the test?.] | | | | | | | | | | | | | |
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| **Section C: (attach relevant documents as Annexure C)** | | | | | | | | | | | | | |
| 1. **Information on number of cities covered for conduct of certification, , the partners involved, logistics, admin arrangements and quality control mechanism used. Also mention how frequently these certifications are conducted** | | | | | | | | | | | | | |
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| 1. **Describe your plans to maintain standard of quality while conducting accredited certification examinations** | | | | | | | | | | | | | |
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| **I declare that the information furnished above is true and correct to the best of my knowledge & belief. I understand that if at any stage, it is found that any information given in this application is false/incorrect, that our organization do not satisfy the eligibility criteria according to NISM, our organization's application/accreditation is liable to be cancelled/terminated. I have read and understood the stipulations given in the detailed advertisement and hereby undertake to abide by them.**  **Authorized Signatory 1\*Authorized Signatory 2\***  **Place:**  **Date:**  ***\*Note: One of the authorized signatories should be the Compliance Officer designated by the organization to ensure due compliances to any of the regulatory organizations. Where there is no such compliance officer, organization seeking accreditation should nominate one as Compliance Officer by way of Board of Resolution or office order where the Chairman or the MD is authorized to do so****.* | | | | | | | | | | | | | |
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