

**Janki Devi Memorial College**  
(University of Delhi)  
Ganga Ram Hospital Marg, Delhi-110060

Affix your recent self-attested passport size photograph here.

**Form For Admission To Add-On Course: NSE ACADEMY CERTIFIED  
CAPITAL MARKET PROFESSIONAL (NCCMP)**

1. Name: \_\_\_\_\_
2. Nationality: \_\_\_\_\_
3. Gender: Male \_\_\_\_ Female \_\_\_\_
4. Date of Birth (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Residential Address: \_\_\_\_\_  
\_\_\_\_\_
6. Contact Number: Residence \_\_\_\_\_ Mobile \_\_\_\_\_
7. Email Address: \_\_\_\_\_
8. Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_ Phone/Mobile: \_\_\_\_\_
9. Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_ Phone/Mobile: \_\_\_\_\_
10. Qualifications:

Certificate/ Degree	University/Board	School/College	Month and Year	Percentage/ Marks
1.				
2.				
3.				

11. Current Occupation: \_\_\_\_\_  
\_\_\_\_\_

*Note: Attach self-attested copies of supporting documents like: Certificate/Mark sheet of Graduation / XIIth, Aadhar card or id proof and proof of present status of study/ work (if any).*

I hereby declare that the information furnished in this application is complete and correct to the best of my knowledge. I acknowledge that provision of incorrect information or document will lead to cancellation of my registration. I am also fully aware that the fee once deposited is non-refundable under any circumstances.

Date \_\_\_\_\_  
Place \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

**Acknowledgement Slip**

Ms/Mr. \_\_\_\_\_ has deposited the fee of Rs. 16000/- by cheque/demand draft no. \_\_\_\_\_ as on date \_\_\_\_\_. He/she has been successfully registered for the course NSE Academy Certified Capital Market Professional (NCCMP).

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Course Co-ordinator

Dealing Assistant