

ADMISSION FORM

International Certification in Marketing Practices

PERSONAL INFORMATION:

Applicant's Full Name: Mr. /Miss/Mrs. _____

Age: _____ Date of Birth: _____

Residential Address: _____

Tel (Landline): _____ Mobile: _____

Email: _____

WORK EXPERIENCE:

<u>Name of the Company</u>	<u>Designation</u>	<u>From</u>	<u>To</u>

ACADEMIC RECORD

<u>Examination</u>	<u>Name of the School/Institute/University</u>	<u>State</u>	<u>Board</u>	<u>Year of Passing</u>	<u>% of marks obtained</u>

Course Interested In:

Please tell us which of the following have influenced your decision to select the respective courses:

- Press Advertisement
- Hoardings
- Email and Sms from iLEAD
- Website
- Exhibitions and Fairs
- Hoardings
- Others (please specify) _____

Why do you want to join the course?

Documents Required:

- Attested copies of Graduation /Post Graduation Record (Mark sheets /certificates)
- Attested copies of Class XII and Class X Mark Sheet
- 2 Passport size photograph
- Attested testimonial of your professional experience.
- Attested photocopy of Govt ID.

Signature of the candidate: _____

*Kindly note 70% attendance is a must to avail of the certificate on completion of the course

113J, Matheshwartala Road, Kolkata 700046, West Bengal, India, Phone: +91.33.4018 2000, Mobile: +91.9830015201/02,

Website: www.ilead.net.in, E-mail: info@ilead.net.in