

NATIONAL COLLEGE



(Authorized Training Centre of Mercantile Exchange Nepal Limited)

Basic/Advanced Derivative Training REGISTRATION FORM

Recent

INE OIO I IV	Photograph
	rnotograpii
Personal Details:	
Name in English: (IN BLOCK LETTERS)	
Surname First Name	
Date of Birth: Gender: Ma	le Female Citizenship:
(Mm/dd/yy)	
Corresponding Address	
Place:	Ward No:
Tel No: Mobile No:	E-mail:
Highest Academic Qualification:	
Occupation:	
Professionals Traders	Students
Traces Traces	Stadents
If Professionals: Name of the Organization:	
Designation:	
Address:	
If Traders: Name of the Institute/Company:	
Designation:	
Address:	
If Student: Name of College:	

Education Qualification: Address:				
Write few lines abou	t why you feel th	at you should take this	training?	
How did you come to	o know about Bas Advertisemen	sic/Advance Derivative to Others	Training Programs?	
Payment Details				
DD/Cheque Number	Amount	Drawee Bank/Branch	DD/Cheque Date	
* The amount is not refundable Declaration I hereby declare that the information provided in this sheet, to the best of my knowledge, is true and complete. I also understand that furnishing incorrect information or withholding of relevant information may result in cancellation of enrollment for the training and I have read and understood the terms and conditions and agree to abide by the same.				
Candidate's Signature Date:			Recipient Signature Date:	