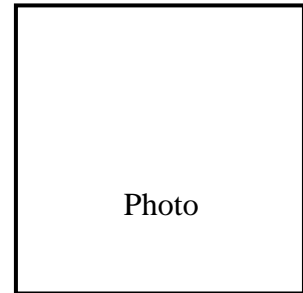


**GOA INSTITUTE OF MANAGEMENT, RIBANDAR, GOA**  
**Certificate Programme in Insurance**  
**(CPI)**

1. Name: \_\_\_\_\_
2. Date of Birth: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ Age \_\_\_\_ years
3. Correspondence Address \_\_\_\_\_  
 \_\_\_\_\_  
 Ph.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email id: \_\_\_\_\_



4. Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Ph: \_\_\_\_\_ Mobile \_\_\_\_\_ Email id: \_\_\_\_\_

6. Educational data (Please give the aggregate percentage obtained )

	<b>Year of Passing</b>	<b>Main Subject</b>	<b>Name of School/ College/ University</b>	<b>Place / City</b>	<b>Percentage</b>
High School					
High.Secondary					
College (Degree)					
Others*					

\* Other academic Degrees/Diplomas (Specify):

7. **Work Experience:**

Begin with the current job/ assignment / enterprise

<b>Organization</b>	<b>Place</b>	<b>Nature of Work</b>	<b>From: Month Year</b>	<b>To: Month Year</b>

Submit self attested copies of the academic and experience certificates along with the form. (P.T.O)

How did you come to know of Goa Institute of Management & the Programme?

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Why do you want to join this programme?

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I certify that the information given on the Application is true to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_