



# APPLICATION FORM

## ENTREPRENEURSHIP & ENTERPRISE MANAGEMENT COURSE

### 6 MONTHS PROGRAM IN DUBAI WITH INVESTOR VISA

Please read the instructions carefully. Fields marked as \* are compulsory

Please use capital letters only. Incomplete forms shall not be accepted.

#### Name of the Applicant\*

First Name																				
Middle Name																				
Family Name																				

Paste your  
Photo here

Sign across

Date of Birth*	(DD)	(MM)	(YYYY)
Email ID*			
Mobile Number*		Alternate Mobile Number*	

#### Permanent Address:\*

House No/ Flat no	
Street Name	
Area Name	
City	
Nearest Landmark	
Pin Code	
State	
Country	

#### Emergency Contact Details:\* (Fill at least 2 Details)

Name	Relationship	Mobile	Email ID



**Scholastic Record\***

Qualification	Degree/Diploma	Year of Passing	% Marks/ CGPA	School/College Name (Mention Exact location) Example: City	University/ Board (Mention Exact location) Example: City
Class 12					
Undergraduate					
Certificate					
Post - graduate					
Other					

**Employment Record (if any)**

Name of Company	Designation	From	To	Reasons for Leaving

**Please provide details of Family owned business:**

Name of Organization	
Business Location	
No. of Employees	
Business Sector	
Your Designation	
Guardian's Name	
Guardian's Position	
Your relationship with Guardian	

**What you are most interested in?\***

- Continue in Family business
- Add a new business line or product
- Initiate your own Start-up



**How did you come to know about MIDAS & CS INSTITUTE OF MANAGEMENT?\***

Source	
Workshop / Webinar	
Reference	
Newspaper/Magazine	

- 1) Facebook  2) Instagram  3) LinkedIn  4) Website  5) Online Search

**DECLARATION:**

I confirm that the information given on this form is true, complete and accurate to the best of my knowledge. I am aware that this is a **6 months Certificate program** in Dubai imparting a **global mindset** towards an International path of my Entrepreneurial journey. I hereby give my consent to the processing of given information for further communication. I am also aware that the initial fee is non-refundable subject to terms and conditions.

Applicant’s Signature..... Parent’s Signature.....  
 Applicant Name..... Parent’s Name.....  
 Date of Submission..... Official Designation .....

Company Stamp:

**Note:**

- You are hereby requested to print this admission form, complete it including photo, duly sign and stamp as required then email it to us at: [info@midasncs.com](mailto:info@midasncs.com)
- We will initiate the admissions process upon receipt of your duly completed form.
- Kindly attach a copy of the 1<sup>st</sup> page and last page of your passport while submitting your application form.
- Kindly Note: We have limited seats available on a first come first serve basis only!