



### **ENTREPRENEURSHIP & ENTERPRISE MANAGEMENT PROGRAM**

### 1 YEAR HYBRID PROGRAM IN DUBAI WITH RESIDENCE VISA

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

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Name of the Appli First Name	cant*																		Past Passp	te you	
Middle Name				_															Photo		
Last Name / Surname																			Back	grour	ıd
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Mobile Number*								Alternate Contact Number*													
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Country																					
Family Contact I	Oetails	:* (Fi	ill at le	east 2	2 De	tails)															
Name			R	Relationship				Mobile					Ema					il ID			

Phone: India +91-8169133766/Dubai +97150 962 2136 | Email: enquiry@midasncs.com | www.midasncs.com



## Scholastic Record\*

Qualification	Degree/Diploma	Year of Passing	% Marks/ CGPA	School/College Name	University/ Board Name
Class 12					
Undergraduate / Bachelors					
Any Certification / Diploma					
Post - graduate / Masters					
Any Others					

# **Employment Record\***

Name of Company	Designation	From (MM/YYYY)	To (MM/YYYY)	Reasons for Leaving

# Please provide details of any Family owned business:

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

Feel free to mention any extracurricular activities do	
	MIDAS & C Institute of Managem
Eg. District/Junior state level sports, Any cultural activities, Socially impa	ctful initiatives, Own startup, Social Media influencing, etc.
What are you most interested in?*	Initiate your own Start-up
Work for some years	Continue in Family business
How did you come to know about MIDAS & CS I	NSTITUTE OF MANAGEMENT?*
1) Facebook 2) Instagram	3) LinkedIn
4) Website 5) Online Search	6) Admission Consultant
Any referral code you would like to mention?	
DECLARATION:	
I confirm that the information filled by me on this	form is true, complete and accurate to the best of my
knowledge. I am aware that this is a 1 Year Hyb	rid Program in Dubai (6 months Learning followed by
6 months paid internship) imparting a global minds	et and preparing me to be a Future Founder. I hereby give
my consent to the processing of given information f	or further communication. I am also aware that the initial
fee is non-refundable subject to terms and conditions	S.
Applicant's Signature	Parent's Signature
Applicant Name	Parent's Name

#### Note:

Date of Submission.....

 You are hereby requested to print this admission form in colour, complete it including to attach a passport size photo in white background, duly sign as required and then email it to us at: enquiry@midasncs.com

Date .....

- We will initiate the admissions process upon receipt of your duly completed form and initial application fee.
- Kindly attach a copy of the 1st page and last page of your passport while submitting your application form.

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