

NEAASECOM

New Era Achievers' Academy of Self-Employment & Co-operative Marketing

www.neasecom.in

Application Form for Enrollment in NEAASECOM

(To be filled in your own handwriting in CAPITAL LETTERS)

1. PERSONAL INFORMATION

Name of Applicant
(as per Class X transcript)

Address

Please paste your
recent passport
size photograph
here

Phone numbers

Email Address

Date of Birth
(dd/mm/yyyy)

Hobbies and
Special Interests

2. FAMILY BACKGROUND

Father's name:

Occupation:

Mother's name:

Occupation:

Are you dependant on Parent's earnings? (YES/NO)

3. LANGUAGES KNOWN

Written and spoken

Only Spoken

4. ACADEMIC BACKGROUND

Year of Passing	Qualification	Specialisation or Subjects	School / Institute / University	Total Marks / Percentage/CGPA
	Class X			
	Class XII / Diploma			
	Graduation			
	Post Graduation			
	Others			

5. WORK EXPERIENCE (IF ANY)

Enter details of your latest work experience

From (Month, Year)	To (Month, Year)	Organisation Name	Designation

6. MEDICAL INFORMATION

Do you suffer from any chronic illness viz. Asthma, Epilepsy, BP etc.

If yes, give details:

Do you smoke? Yes Occasionally No

Do you drink? Yes Occasionally No

7. DRIVING EXPERIENCE

Two Wheeler from the Year

Car from the Year

Kindly provide details of your vehicle(s)

BIKE: Make and Model

Year of manufacture

CAR: Make and Model

Year of manufacture

Driving Licence No. of Applicant:
(Please enclose photocopy of your driving licence)

Aadhaar Card No. of Applicant:
(Please enclose photocopy of your Aadhaar card)

Your Investment Capacity for Self-Employment:
(as refundable security deposit)

Expected return on investment per month:
(in terms of percentage)

Preferred Place of Work (Name of city/town)

Any Compelling Reason for taking up Self-employment with NEAASECOM?

8. Names with Contact details of two respectable persons who can be contacted as your referee:

(1) Name Mobile No.

Relation Email address

Address

(2) Name Mobile No.

Relation Email address

Address

9. Write in not more than 250 words on the following subject on a separate sheet:

Why do you like the concept of being a marketing associate instead of working with an employer on a fixed salary?

Why do you like the concept of 'Handsome earnings with Small investments' through marketing pharma, health and consumable products by working as a marketing associate on profit sharing basis?

10. APPLICATION PROCESSING FEES

Enclose the duly filled application form along with a non-refundable assessment fee of Rs. 590/- (Rs.500 + 18% GST) in the form of a multicity Account Payee Cheque in favour of 'NEAASECOM' payable at Chennai.

Cheque No. Date.....Bank.....Branch.....

DECLARATION

I certify that all information furnished in the application form for getting enrolled with NEAASECOM are correct, complete and true to the best of my knowledge. I agree to abide by all existing rules and regulations of the academy. I also agree to abide by all modified rules and regulations of the academy in future. I understand that with-holding or giving false information will make me ineligible for enrollment with NEAASECOM. I understand that the assessment fee paid to NEAASECOM is neither refundable nor transferrable under any circumstances. I also agree to attend any further workshops with the prescribed fee if invited.

Place:

Date:

Signature of Applicant

SEND IN YOUR APPLICATION

The duly filled in application form along with the assessment fee cheque can be sent by post/courier to our Head office address:

NEAASECOM
No. 9, 6th Street, MGR Salai
Palavakkam, ECR, Chennai-600 041.

Suitable candidates will be invited for a personal interview. Selected candidates will be called for a workshop of short duration to groom them as a Marketing Associate with any of our associate organizations with the concept of 'Handsome earnings with Small investment'. Only on successful completion of the workshop, the aspirant of self-employment will be given an opportunity to become a Marketing Associate.