

# NEAASECOM

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

www.neaasecom.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       | Specialization 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<br>(Month, Year) | To<br>(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/NO)

Do you drink (YES/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)

Rs.

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

% per month

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. 236/- (Rs. 200 + 18% GST) in the form of a multicurrency 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 training program with the prescribed fee if invited.

Place:

Date:

Signature of Applicant

#### **SEND IN YOUR APPLICATION**

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

NEAASECOM (Neaasecom House)  
No. 9, 6<sup>th</sup> Street, MGR Salai  
Palavakkam, ECR, Chennai-600 041.

Suitable candidates will be called for a training 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 training, the aspirant of self-employment will be given an opportunity to become a marketing associate by signing an agreement at mutually agreed terms.