



**Application form for admission to
UNION PUBLIC SERVICE COMMISSION (UPSC)
PRE-EXAMINATION TRAINING COURSE-2017
www.northeastias.org; E-mail:contact@northeastias.org**

Please complete this form and return it to:

Admissions – North East IAS, HOUSE NO-16, S N GOHAIN LANE, S K BHUYAN ROAD, DIGHALIPUKHURI (EAST), IN FRONT OF INDIAN EXPRESS OFFICE, GUWAHATI-781001, Assam, Email: contact@northeastias.org,

PHONE: +91-7002032590

- All sections of this form must be completed in full. Failure to do so will result rejection of your application. Please TYPE all your details in this form where possible.

Section 1 – Applicant details

Personal details																			
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	Other (please specify)																	
First name		Middle name(s)																	
Family name																			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>																		
Date of birth	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>			D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y												
Your qualifications																			
Please give the qualifications you wish to appear on your records (e.g. BA, BSc)																			

Address details		
Which address you would like correspondence from the Institute and Faculty of Actuaries to be sent to?	Home <input type="checkbox"/>	Office <input type="checkbox"/>

Current residential address						
Address						
Postal city/town					Postcode	
District						
Telephone number	Code		Area/City code		Number	
Mobile number	Code		Area/City code		Number	
Personal email address (please print very clearly)						

Section 2 – Education and qualifications

Please give your full education history with the qualifications awarded. **You must provide proof of all qualifications with your application.** To do so you must provide **certified copies** of education certificates for all examinations detailed below.

University education				
Level	Honours Degree <input type="checkbox"/>		Ordinary Degree <input type="checkbox"/>	
Grade	1 st <input type="checkbox"/>	2.1 <input type="checkbox"/>	2.2 <input type="checkbox"/>	3 rd <input type="checkbox"/>
University attended				
Subject studied				
Date of graduation				

Level	Doctorate <input type="checkbox"/>	Masters <input type="checkbox"/>	Postgraduate diploma <input type="checkbox"/>
University attended			
Subject studied			
Date of graduation			

Other professional qualifications

Please give details of any other professional qualifications that you have gained

Professional association	
Qualification gained	
Date of graduation	

I certify that the information, provided are correct and complete to best of my knowledge.

Signature		Date	
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Section 3 – Referees’ declaration

Name of applicant (BLOCK CAPITALS)

This section must include name of two referees

- A referee should normally be a person of good standing, e.g. university professor, Fellow of the Institute and Faculty, or other professionally qualified person, who has known the applicant personally for at least two years. Members of an applicant’s own family cannot be accepted as referees.

First referee

If your referee has the same surname as yourself please tick to confirm your referee is not related to you

Name (BLOCK CAPITALS)		Occupation	
Address			
Email address			
Signature		Date	

Second referee

If your referee has the same surname as yourself please tick to confirm your referee is not related to you

Name (BLOCK CAPITALS)		Occupation	
Address			
Email address			
Signature		Date	

Please complete the following

I have enclosed certified copies of all education certificates referred to in the application section#2	<input type="checkbox"/>
I have provided details of two suitable referees	<input type="checkbox"/>
I have signed and dated the applicant’s declaration	<input type="checkbox"/>