

Last Date for receipt of filled-in Application Form : Tuesday, December 20, 2016



WEST BENGAL MINORITIES' DEVELOPMENT AND FINANCE CORPORATION  
AMBER, DD-27/E, Sector-I, Salt Lake City, Kolkata-700064, Ph.No.:033 40047469

**APPLICATION FORM**

**CERTIFICATE COURSE IN EXPORT- IMPORT MANAGEMENT (WEEKENDS)**  
**(February, 2017 – May, 2017)**

IN ASSOCIATION WITH



**INDIAN INSTITUTE OF FOREIGN TRADE**  
Deemed University under Deptt. Of Commerce, Govt. of India  
1583, Madurdaha, Kolkata – 700107

FOR OFFICE USE

IIFT Enrollment No.: \_\_\_\_\_

Date: \_\_\_\_\_

PHOTO

1. Name in full: \_\_\_\_\_

(in Capital Letters)

(First)

(Middle)

(Last)

2. Name in Hindi: \_\_\_\_\_

3. Father's Name: \_\_\_\_\_

4. Mother's Name: \_\_\_\_\_

5. Date of Birth (dd/mm/yyyy): \_\_\_\_\_

6. Mailing Address with Pin Code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. Nos.: (Res.) \_\_\_\_\_ (Off) \_\_\_\_\_

Mobile: \_\_\_\_\_ E mail: \_\_\_\_\_

Fax: \_\_\_\_\_

7. Permanent Address with PinCode:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. Nos.: (Res.) \_\_\_\_\_ (Off) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

8. Academic Record (starting with first degree/diploma and proceeding in sequence):

Degree/ Diploma	University	Year		Major Subjects	Divn. & %age	
		From	To			

9. Work Experience (if any)

Name and address of Organization	Designation and Department	Experience	Monthly Salary (Gross)

10. Experience in years (as on October 31, 2016): \_\_\_\_\_

11. Community: Muslim  Christian  Sikh  Buddhist  Parsi  Jain

12. What are your broad career objectives and how does IIFT fit in these objectives?  
(50 words)

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13. What do you expect to learn from your fellow participants at IIFT? (100 words)

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14. Any other information which you consider is relevant for the Interview Board.

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**DECLARATION BY THE CANDIDATE**

15. I hereby declare that all statements made in this application are true, complete and correct. In the event of any information being found false or incorrect or ineligibility being detected before or after the examination, action may be taken by the Institute as deemed fit, against me.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature