



**BHARTIYA VIDYA BHAVAN'S
S.P. JAIN INSTITUTE OF MANAGEMENT & RESEARCH**

APPLICATION TO THE START YOUR BUSINESS PROGRAM

Details of Applicant

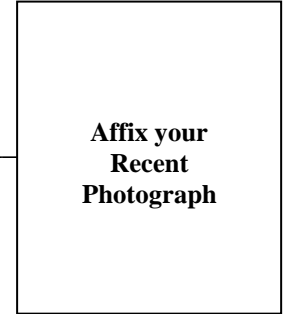
Name _____

Academic Qualification _____ Age _____

Mobile number _____, Alternate number _____

Email Id _____

Mailing Address _____



Work experience

Total number of years: _____ Organization: _____

State your new venture idea in brief (If any)

Kindly courier the completed application form and the *application fee to the following address:
Prof.M.S.Rao, Chairperson,Center for Entrepreneurship, S.P. Jain Institute of Management & Research.
Munshi Nagar, Dadabhai Road,Andheri (West) ,Mumbai – 400 058,Tel: 26237454

**Attach a cheque or a DD of Rs. 900/- (non refundable), payable at Mumbai, drawn in favour of S P Jain Institute of Management & Research, along with the application form*

Declaration

All entries filled up above are true to the best of my knowledge and belief.

Signature: _____ Place: _____ Date: _____