

STUDENT REGISTRATION FORM – PROFESSIONAL PATHWAY

Registration Form No: _____ (For Office Use Only)

Year of Registration : 20__ - 20__



1. PERSONAL DETAILS

Name : _____
First Name
Middle Name
Last Name

Father / Guardian Name: _____
Name
Contact Number

Correspondence Address: _____

Nearest Landmark : _____ City: _____

State : _____ Pin: _____

Tel. (Office) : _____ Res.: _____
STD Code
Number
STD Code
Number

Permanent Address: _____

Nearest Landmark : _____ City: _____

State : _____ Pin: _____

Tel. (Office) : _____ Res.: _____
STD Code
Number
STD Code
Number

Fax : _____ Mob.: _____
STD Code
Number
Number

Email ID : _____

Date of Birth :
(DD)
(MM)
(YYYY)
Citizen: Indian
Foreign

Gender :
Male
Female

VALID ID NO : _____ Place of Issue: _____

(Pan Card, Voter ID Card, Passport, Adhaar Card, Driving License & Any other Valid ID Proof)

2. ACADEMIC RECORD

Examination Level	Qualification	Board / University Institute	Medium of Instruction	Marks (%)	CGPA Attained	Year of Passing
High Secondary						
Bachelor's Degree						
Others						

3. EMPLOYMENT DETAILS

Nature of Employment:

(Eg. Salaried, Self Employed)

A. Current/Last Employment Details

1.	Name of Organization	:	
2.	Turnover of the Organization (APPX)	:	
3.	Number of Employees working in the Organization	:	
4.	Type of Industry	:	
5.	Period of Work (Current)	:	From <input type="text"/> To <input type="text"/>
6.	Department	:	
7.	Designation Held	:	
8.	Number of People Directly Reporting to You	:	
9.	You report to (Designation)	:	
10.	Specific Functional Area of Work	:	
11.	Roles and Responsibilities in the Occupation	:	

B. Previous Employment Details		
1.	Name of Organization	:
2.	Turnover of the Organization (APPX)	:
3.	Number of Employees working in the Organization	:
4.	Type of Industry	:
5.	Period of Work (Previous)	: From <input type="text"/> To <input type="text"/>
6.	Department	:
7.	Designation Held	:
8.	Number of People Directly Reporting to You	:
9.	You report to (Designation)	:
10.	Specific Functional Area of Work	:
11.	Roles and Responsibilities in the Occupation	:

C. Organization structure and reporting relationships (upward, downward, and dotted line) for candidate's current position, upto two levels above and upto two levels below.

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4 A. Name of the Education Provider:

Address: _____

Mode of Registration: Professional Pathway

Mode of Learning: Classroom Self Study Online / Webinar

4 B. Name of the Corporate Member:

5. FEE STRUCTURE

Particular		Amount (INR)
1.	Registration Fee – Professional Pathway	5,618/-
2.	Courseware Fee	6,742/-
3.	Examination Fee – Level 1 (Payable at the time of Examination)	2,247/-
4.	Examination Fee – Level 2 (Payable at the time of Examination)	3,370/-

6. DECLARATION

I wish to register for the CWM® Certification Program. I shall submit the following documents to the Education Provider along with the registration form failing which I Agree that my application for Student Registration will not be considered by AAFM India Pvt. Ltd.:

- 1 Duly filled Student Registration Form
- 2 Passport size photo
- 3 Education Passing Certificate (Duly Attested)
- 4 Demand Draft of Rs. 5,618/- towards registration fee & Rs. 6,742/- towards courseware fee (in favor of “**AMERICAN ACADEMY OF FINANCIAL MANAGEMENT INDIAPRIVATE LIMITED**” only payable at New Delhi)
- 5 Valid ID Proof

I hereby declare that the above information provided by me is true and correct to the best of my knowledge, information and belief. I also agree to adhere to AAFM India Pvt. Ltd. guidelines and instructions. By this registration, I do hereby release AAFM India Pvt. Ltd. from all my claims whatsoever, present or future, which may be caused due to any act or omission by the Authorized Education Provider or otherwise. In case of any dispute which may arise between me and the education provider or AAFM India Pvt. Ltd., the same should be referred to Head – Operations (AAFM India Pvt. Ltd.) and the decision taken by the Head – Operations (AAFM India Pvt. Ltd.) shall be final and binding without any further claim.

Date : _____ Place : _____

Signature of the Candidate

For Official Use Only (AAFM India Pvt. Ltd.)

Approved By:	
Signature:	
Date:	
Remarks:	

CHECK LIST :- (Before sending your registration form please check (√) the following documents are enclosed with the form)

Duly Self Attested Copies of Mark Sheets: (HSC, Graduation, Post Graduation, Additional Qualification, *Exp. Certificate)	<input type="checkbox"/>
2 Passport Size Photographs in Addition to the photo pasted on the registration form	<input type="checkbox"/>
Current Profile (Updated Resume)	<input type="checkbox"/>

*Applicable to validate the experience of the candidate only