



CTEPTM – Student Registration Form

Passport Size Registration Form No: _____ Photograph Year of Registration: 20___ - 20___ (Cross Signed) 1. PERSONAL DETAILS Name First Name Middle Name Last Name Father / Guardian Name: _____ Name **Contact Number** Correspondence Address: Nearest Landmark : Pin: State Tel. (Office) Res.: STD Code Number STD Code Number Permanent Address: Nearest Landmark: City: State Pin: Res.: _ Tel. (Office) STD Code STD Code Number Number Fax Mob.: _____ STD Code Number **Email ID** Date of Birth Citizen: Indian Foreign Gender _____Place of Issue: _____ VALID ID NO





2. ACADEMIC RECORD

3. EMPLOYMENT DETAILS

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

Nature o	f Employment:	(Eg. Salaried,	Self Employed)
A. Curr	ent/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	То
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. Pı	revious 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 To				
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					
	Organization structure and reporting relationships current position, upto two levels above and upto to	s (upward, downward, and dotted line) for candidate's wo levels below.				
Name	of the Education Provider (If Any):					
	b/Ch.					
ode of	Learning: Regular (Classroom)	Distance Learning Program				
110		FEE STRUCTURE				
FEE ST	RUCTURE					
FEE ST	RUCTURE Particular	Amount (INR)				





6. DECLARATION

I wish to register for the CTEP[™] Certification Program. I shall submit the following documents 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.28000/-towards Registration and 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 IndiaPvt. Ltd.) and the decision taken by the Head — Operations (AAFM IndiaPvt. Ltd.) shall be final and binding without any further claim.

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Date : Place :	Signature of the Candidate			
	For Official Use Only (AAFM India Pvt. Ltd.)			
Approved By:				
Signature:				
Date:				
Remarks:				
CHECK LIST :- (Before sen	ding your registration form please check ($\sqrt{\ }$) the following documents are enclosed with the form)			
Duly Attested Copies of Mark	Sheets: (HSC, Graduation, Post-Graduation, Additional Qualification.)			
2 Passport Size Photographs in Addition to the photo pasted on the registration form				
Current Profile				
AMERICANA				