

AFA® – STUDENT REGISTRATION FORM

Registration Form No: _____ (For Office Use Only)

Year of Registration: 20__ - 20__

Passport Size
 Photograph

 (Cross Signed)

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 Proof 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 (Optional) | 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. | | |
| | | |

4. Mode of Learning

Online / Webinar

Self Study

5. DECLARATION

I wish to register for the AFA[®] 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. 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 (AAFMM India Pvt. Ltd.) and the decision taken by the Head – Operations (AAFMM India Pvt. Ltd.) shall be final and binding without any further claim.

- I am aware of the total fees to be paid for the program i.e. Registration Fee, Courseware Fee, Examination Fee and Certification Fee.
- I have read the Terms of Use Policy, Privacy Policy, Education Delivery Model, Rules and Regulations and Disclaimer of AAFM India and agree to abide by them.
- I am aware that fee once paid is non-refundable under any circumstances and the fee paid is non-transferable.
- I certify that the above information provided by me is true and correct to the best of my knowledge, information and belief.

Date : _____ Place : _____

Signature of the Candidate

| For Official Use Only (AAFMM 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, Photo ID Proof | <input type="checkbox"/> |
| Current Profile (Updated Resume) | <input type="checkbox"/> |

*Applicable to Experience Pathway Only