

## AFA® – STUDENT REGISTRATION FORM

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 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. FEE STRUCTURE**

Particular		Amount (INR)
1.	Registration Fee (Including Online Courseware*)	28,000/-
2.	Offline Courseware (Optional)**	3,000/- (Taxes Extra)

\*E-courseware is valid for one year or till the registration is in good standing.  
 \*\*Offline courseware is not mandatory & can be made available on demand.

## 6. 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. Demand Draft of Rs.28000/- in case of offline payment towards Registration and E-courseware fee (in favor of “**AMERICAN ACADEMY OF FINANCIAL MANAGEMENT INDIA PRIVATE 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.

- 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 fees 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