

## STUDENT REGISTRATION FORM

(Cross Signed)

For Office Use Only

Registration Form No: \_\_\_\_\_

Year of Registration: 20\_\_ - 20\_\_

### 1. PERSONAL DETAILS

First Name		Middle Name		Last Name	
Father / Guardian Name				Contact Number	
Correspondence Address					
Nearest Landmark		City		State	Pin
Tel. (Office)			Res.		
Permanent Address					
Nearest Landmark		City		State	Pin
Tel. (Office)			Res.		
Fax			Mobile		
Email ID					
Date of Birth (DD/MM/YYYY)		Gender		Citizen	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Indian <input type="checkbox"/> Foreign	
Valid ID No. <small>(Pan Card, Voter ID Card, Passport, Adhaar Card, Driving License &amp; Any other Valid ID Proof)</small>				Place of Issue	

## 2. COURSE APPLIED FOR

- Accredited Financial Analyst     Chartered Economist     Portfolio Management  
 Trust & Estates     Wealth Management

## 3. ACADEMIC RECORD

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

## 4. EMPLOYMENT DETAILS

Nature of Employment (Eg. Salaried, Self Employed)
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### A. CURRENT/LAST EMPLOYMENT DETAILS

Name of Organization
Turnover of the Organization (APPX)
Type of Industry
Number of Employees working in the Organization
Period of Work (Current) From: _____ To: _____
Department
Designation Held
Number of People Directly Reporting to You
You report to (Designation)
Specific Functional Area of Work
Roles and Responsibilities in the Occupation

## B. PREVIOUS EMPLOYMENT DETAILS

Name of Organization	
Turnover of the Organization (APPX)	
Type of Industry	
Number of Employees working in the Organization	
Period of Work (Previous)	
From:	To:
Department	
Designation Held	
Number of People Directly Reporting to You	
You report to (Designation)	
Specific Functional Area of Work	
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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## 5. NAME OF THE EDUCATION PROVIDER (IF ANY):

Address	
Mode of Registration	Mode of Learning
<input type="checkbox"/> Regular Pathway <input type="checkbox"/> Corporate Pathway	<input type="checkbox"/> Classroom <input type="checkbox"/> Self Study

