

## STUDENT REGISTRATION FORM - NRI

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 :    Citizen: Indian Foreign  
(DD) (MM) (YYYY)

Gender : \_\_\_\_\_  
Male Female

VALID ID NO : \_\_\_\_\_ Place of Issue: \_\_\_\_\_

(Pan Card, Voter ID Card, Passport, 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 ( IF APPLICABLE)

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. Name of the Education Provider:**

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Mode of Registration:**                      Compulsory Pathway                      Experienced Pathway

**Mode of Learning:**                      Classroom                      Self Study                      Online / Webinar

## 5. 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 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 Attested Copies of Mark Sheets: (HSC/Equivalent, Graduation/Equivalent, Post-Graduation/Equivalent, 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	<input type="checkbox"/>

\*Applicable to Experience Pathway Only