

7. OCCUPATIONAL DETAILS

OCCUPATION: Student Self Employed Service Others _____ (Pls Specify)

IF EMPLOYED, KINDLY PROVIDE CURRENT EMPLOYMENT DETAILS

A. Current/Last Employment Details	
1.	Name of the Organization :
2.	Type of Industry :
3.	Period of Work (Current) : From _____ To _____
4.	Department :
5.	Designation :
6.	Address :
7.	Contact Number :

8. EXAMINATION DATE:

D	D	M	M	Y	Y	Y	Y
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Level Name: (Tick the Desired Level)

Level 1 : Basic Level

Level 2 : Advanced Level

9. PREFERRED EXAMINATION CENTRE (CITY):

- _____
- _____
- _____

10. EXAMINATION FEE DETAILS

Amount	DD Number	Date of DD	Name of Bank
Rs. 2,248/-			

I certify that the above information provided by me is true and correct to the best of my knowledge, information and belief.

PLACE : _____

DATE : ____ / ____ / ____

(Candidate's Signature)

I hereby confirm that the above details of the student have been verified as per our records.

Signature of the Head of the Education Provider
with Office Seal

RULES AND INSTRUCTION

1. Please fill in all details in the entire form only in BLOCK LETTERS. Write only one alphabet in each square provided. Leave one square blank between words. Please fill in the First Name, Middle Name, Last Name and Date of Birth mandatorily.
2. Name to be Printed on Certificate will be printed same as 'First Name Middle Name Last Name'.
3. You are required to paste a recent colour passport size photograph in the space provided. Do not staple the photograph. Please sign across the photograph and in the block provided for signature.
4. Please mention full contact details with city, pincode & state. Please specify your telephone no./mobile no. and email. Please fill in the qualification and occupation details as may be applicable.
5. Fees to be paid by Demand Draft in favour of **"AMERICAN ACADEMY OF FINANCIAL MANAGEMENT INDIA PRIVATE LIMITED."**, payable at **New Delhi**. Also keep a photocopy of the demand draft with you, before you send it to AAFM India. Please write the name of the candidate & exam level on the reverse of the demand draft.
6. **Fees once paid shall not be refunded. Also once enrolled, tests cannot be rescheduled / postponed.**
7. The original photo id proof would be required to be shown at the time of the examination.
8. In the space provided for TEST DETAILS (Part-II), Please mention Test Center. Test date and time may be submitted as per your choice and as per the availability at each test center. Test date can be informed by e-mail or fax. Please refer the format given on the website under off-line registration procedure. The list of the candidates who have been enrolled will be displayed on the site.
9. The Head of Education Provider is required to verify the student details and attest the student photograph with office seal.
10. Students are not allowed to use their mobile phone during the exam and must switch them off. No electronic gadgets / laptops are allowed in the examination hall.
11. Student are only allowed to use **CASIO FC 200V** Financial Calculator during the exam.

By signing this Examination Form, I do hereby understand and agree to be legally bound by these rules and instructions of AAFM India Pvt. Ltd. as modified and posted from time to time.

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 application, 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.

(Candidate's Signature)

AMERICAN ACADEMY OF FINANCIAL MANAGEMENT INDIA PRIVATE LIMITED

{CHARTERED WEALTH MANAGER® (CWM)® Examination}

ADMISSION CARD

To be filled by the applicant

Mr./Ms. : _____

S/o / D/o Shri. : _____

Of (Education Provider) : _____

Of (City) : _____

Is permitted to appear for the above said examination

Passport Size
Photograph
(Sign Across
the Photograph)

Candidates Signature
(Sign inside the box with
black pan)

AAFM Registration Number:

Full Postal Address : _____

FOR OFFICIAL PURPOSE of AAFM India Pvt. Ltd. Only

Date of Examination : ___ / ___ / ___

Venue of Examination Centre : _____

Signature of the Invigilator at the
Examination Centre.

Signature of the Candidate in the
Presence of Invigilator.

For AAFM India Pvt. Ltd.
Authorized Signatory