

# The Indian Institute of Financial Planning

Full Time Post Graduate Diploma in Financial Planning & Wealth Management

## REGISTRATION FORM



Date:-

Prospectus No:-

1. Name: Mr./ Ms. \_\_\_\_\_

2. Contact Number Mobile \_\_\_\_\_ Landline No. \_\_\_\_\_

3. Email Address \_\_\_\_\_

4. Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

Locality/ Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ PIN Code \_\_\_\_\_

5. Qualification \_\_\_\_\_

6. Name of the Institution \_\_\_\_\_

7. How did you come to know about IIFP \_\_\_\_\_

(Counsellor Name)

(Student Signature)

Office Use:

Details of Payment: \_\_\_\_\_

Amount: \_\_\_\_\_

Cheque/ Cash/ Bank Draft/ Online: \_\_\_\_\_

Student Registration Slip:

S.No: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_

Venue of Test: \_\_\_\_\_

(Counsellor Signature)