



**INTERNATIONAL INSTITUTE OF FINANCIAL STUDIES
(AUTHORIZED EDUCATION PROVIDER OF FPSB INDIA)
Application for Registering as an Admission Centre of IIFS**

(Important Note: Kindly provide all the details as stated in the application form. Kindly put your signature on each page)

1. Name of the Institution:

2. Institution Full Postal Address:

City:

State:

Pin code:

3. Communications Details:

STD Code:

Contact Number:

Fax Number:

Mobile Number:

Email Address:

Website Address:

3. Name of the Head of Management:

4. Designation of the Head of Management:

5. Postal address of Head of Management:

City:

State:

Pin Code:

6. Communications connectivity of Head of Management:

STD Code:

Phone Number:

Fax Number:

Mobile Number:

Residence Number:

Email Address:

7. Photo ID Proof of Head of Management (Kindly enclose the copy) Enclosed / Not Enclosed

8. PAN Number of Head of Management (Kindly enclose the copy) Enclosed / Not Enclosed

9. One Colour Photograph of Head of Management

Enclosed / Not Enclosed

Declaration

1. I / We certify that we want to become the business associate of IIFS for various Finance and Skill Development related programs courses offered.
2. I / We certify that all the information given above and in the preceding pages signed by me / us is / are complete and correct.
3. I / We declare that the institute will abide by all the rules and directions of IIFS / PCTI given time to time.
4. I / We declare that I / We am / are authorized to sign on behalf of my organization and that my directors and shareholders / members (where relevant) are in total agreement of my / our application.

Place:

Date:

Signature Head of the Institution

Name:

Designation: