

Membership Application Form

This is the Registration form for the Certified Vigilance and Investigation Expert program specially designed for the professionals in the technology Banking. This program is offered by “Indiaforensic – Pioneers of forensic accounting education in India”.

*Attach Photograph
here*

Incomplete forms will not be accepted. Please check if you have attached the desired documents as mentioned in the attachment section herein.

INDICATE MEMBERSHIP LEVEL DESIRED (Incomplete applications will not be processed.)

Membership Fee – Rs.500

Course Registration Fees – Rs. 17000

PERSONAL

Dr./Mr./Mrs./Ms. _____

Other Designations _____

Home Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Home Telephone _____

Home Fax _____

Home E-Mail Address _____

Name you want on Certificate _____

Number of fraud Cases dealt with _____

Reference Name _____

Reference Contact Number _____

EMPLOYMENT

Name of the Bank _____

Audit Class of Bank _____ Designation _____

Department _____ Address _____

_____ C

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Business Telephone _____

Business Fax _____

Years Employed _____

Business E-Mail Address _____

Web Site Address _____

Preferred Mailing Address: Home Business _____

Customization required: Regular Banking Insurance Stock Markets**PAYMENT**

Banker's Cheque/Draft Number _____

Drawn in Favour of (Name of the Bank) _____

Payable to **Riskpro Management Consulting Private Limited***(Payment should be sent to Indiaforensic Consultancy Services, C/2/1 Rakshalekha Society, off.**Sinhagad Road, Gajendra Nagar, Pune-411030)**Cheques and Demand drafts are subject to realization*

ATTACHMENTS

1. Detailed resume of the candidate
2. Letter from the bank regarding the admission
3. Calculation of 80 points for the candidate

CERTIFICATION

Have you ever been convicted of a felony or misdemeanor involving moral turpitude?

Yes

No

If yes, please describe (attach written statement if necessary).

I certify that the above is true and correct to the best of my knowledge. Falsification of any information on this application is grounds for denial or revocation of membership. If this application is accepted, I agree to abide by the Bylaws and Code of Professional Ethics of the Indiaforensic. Membership is a privilege and not a right. Qualifications are established by the Board of trustees, whose decisions are final. I consent to the storage of my personal data in the Indiaforensic offices in India and its regional offices, and by its local chapters.

Signature _____

Date _____

Place _____