



Kamalghat, Sadar, West Tripura West – 799210. Phone: 0381-286751
 Fax: 0381-2319381 e-mail : registrar@iutripura.edu.in Website: www.iutripura.edu.in

Application for *De Novo* Registration
(Vide Regulations 21.0811 (1) of the CFA Program Regulations, 2008)

To
 The Registrar
 The Institute of Chartered Financial Analysts of India University, Tripura

Program : _____
 Enrollment No. : _____

Dear Sir,

1. Name Mr/Ms

(Use Capitals)

(As it appears in Official Records. Underline Surname)

2. Address

(Use Capitals)

Nearest Landmark

(Near/Adj./Opp./Behind)

City: _____ State: _____ Pin: _____

Telephone: Off : _____ Res: _____
(City Code) - (Area Code) - Number (City Code) - (Area Code) - Number

e-mail: _____ Fax: _____
(City Code) - (Area Code) - Number

3. No. of years completed _____ **(Validity period of Enrollment indicated in Regulation 21.0810(1))**
 after enrollment

4. Remittance Details: [Please Tick (☑)]

Payment through Demand Draft

Name of Bank	D D Number	Date	Amount (Rs.)

Payment by Credit Card

Please charge my Credit Card

VISA 

MasterCard 

Credit Card No.

Card Member's Name: _____ Card Expiry Date: _____ Amount: Rs. _____

Card Member's Signature: _____

5.

DECLARATION

I hereby declare that I am interested in continuing in the _____ Program. As required by the rules I am herewith applying for *De Novo* registration. I clearly understood that all the rules and regulations relating to my original enrollment as amended from time to time would continue to be applicable hereafter also. I agree to pay the necessary fee to the University from time to time as per the fee schedule that is in force.

Place:

Date:

Signature of the Student

FOR OFFICE USE ONLY

Date of granting *De Novo* Registration _____

Authorized Signatory

DO NOT TEAR @ USE PHOTOCOPIES