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Application for Recounting and Comprehensive Feedback

(Vide Regulations 21.0845(1) & (2) of the CFA Program Regulations, 2008)

To
 The Controller of Examinations
 The Institute of Chartered Financial Analysts of India University, Tripura

Program	
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Exam:	_____	_____
	Month	Year

1. Enrollment No. _____

2. Name _____
 (Use Capitals) (As it appears in Official Records. Underline Surname)

3. Address _____
 (Use Capitals)

City: _____ State: _____ Pin: _____

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

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

4. Groups and Subjects in which Recounting and/or Comprehensive Feedback is required [Please tick (☑)]

	Recounting	Comprehensive Feedback		Recounting	Comprehensive Feedback
Group:			Group:		
Subjects:			Subjects:		

5. Remittance* [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 _____

Place:

Date:

 Signature of the Student

Note: This form should be submitted along with the necessary fee within seven days from the date of declaration of results.

FOR OFFICE USE ONLY

a) Comprehensive Feedback dispatched on _____

b) Result of Recounting communicated on _____

 Authorized Signatory

DO NOT TEAR ☉ USE PHOTOCOPIES