



NEEF CENTRE AFFILIATION FORM



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APPLICANT'S INFORMATION

Affiliation Level: International National Regional
 State District City

Name:

Date of birth: Gender: Male/ Female/Other Nationality:

Current address:

City: State: PIN/ ZIP Code:

Phone: E-mail:

EDUCATIONAL QUALIFICATIONS (Enclose CV/ Resume and Copies of Certificates)

- SSC/ HSC / 10+2:
- Graduation:
- Post-Graduation:
- Ph.D.:

EMPLOYMENT INFORMATION, IF ANY

- Job / Employment Details:
- Joining Date:
- Position:
- Annual Salary / Income:

Employer's Address:

City: State: PIN/ ZIP Code:

Phone: E-mail:

REFERENCES (Name and Contact Details)

1) Address: Phone: Email:	2) Address: Phone: Email:
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DECLARATION:

- This is to certify that above statements and information given by me are true and I will be solely responsible for any fact suppressed/concealed. I authorize the verification of the information provided herein.
- I have read, understood and accepted the rules for affiliation the NEEF/ ISLCA and the promise to follow the current rules of affiliation and any other rules that may be framed in future.
- I shall be solely responsible for any objectionable, fraudulent or illegal activity conducted by me during my affiliation with the NEEF/ ISLCA and, in this regard, neither these organizations, nor any other individual attached with these organizations will be responsible/ liable for my acts.

FEE PAYMENT DETAILS (**For Bank Transfer details, send an email to admin@neef.in)

Application Fees Amount Paid (INR / USD) : Mode of Payment: Bank Transfer/ DD/ Cheque

Payment Details :

Signature of applicant: Date: Place: