

CONSULTANT REGISTRATION FORM

(Please Fill in Block Letters)

Name of Consultancy: _____

Name of person in charge: _____

Email ID: _____

Address: _____

Please affix recent
passport size
photograph

City: _____, State: _____, Pin code: _____

Phone Number: _____, Mobile Number: _____

Pan card Number: _____, Aadhaar Number: _____

Name of Bank: _____, IFS Code: _____

Account Number: _____, Branch Name: _____

Declaration:

I hereby declare that the details given above are accurate to the best of my knowledge. In the event of any information being found false or incorrect, my commission would stand cancelled without any further notice. I understand that payment of incentive would only be done through cheque in the name of the consultancy or account transfer to the account mentioned above.

I also affirm that I have read and understood the guidelines and instructions and agree to abide by it.

Date: _____, Place: _____

Seal of Consultancy

Signature of the Person in charge