AFFILIATION FORM					
APPLICANT INFORMATION					Paste
Type of Co-ordination ( <i>Please tick</i> ): DISTRICT COOR					Photo
STATE COORDINATOR					Here
Name:					
Date of birth:	Gender:	Male/ Fer	nale/Other <i>(Please circle)</i>	Nationality:	
Current address:					
City:	State:	State:		ZIP Code:	
Phone:	E-mail:			Fax:	
(Please notify NEEF of any changes in contact information)					
EMPLOYMENT INFORMATION					
Current employer:					
Employer address:				How long?	
Phone:	E-mail:			Fax:	
City:	State:			ZIP Code:	
Position:	Annual ir	ncome:			
EDUCATIONAL QUALIFICATIONS					
Details:					
(Enclose attested copies of mark sheets, testimonials and other details)					
AFFILIATION RULES					
1. Affiliation is available to anyone 18 years of age or older.					
<ul> <li>2. You promise NOT to use the affiliation to conduct any fraudulent or illegal activity at any time.</li> <li>I have read, understood, and accepted the rules for affiliation. (<i>Please tick</i>)</li> </ul>					
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>Please tick</i> )					
REFERENCES					
Name: Address:					
Phone:					
FEES PAID & SIGNATURE					
Application Fees Amount Paid (INR / USD) :			Mode of Payment: Bank Transfer/ DD/ Cheque <i>(Please circle)</i>		
** For Bank Transfer details, send an email to admin@neef.in         Payment Details :					
I authorize the verification of the information provided on this form as to my credit and employment.					
		Date:		Place:	