

## INFORMATION SHEET (AMFI Test)

(To fax this sheet to IICM at 022-27896863 or email: [amfittest@utiicm.com](mailto:amfittest@utiicm.com))

Centre/Place/Town of test:

Name of the Organizer:

Address of Organizer:  
(include tel., fax & email)

Name of Branch Manager:  
(include tel. mobile, fax & email)

Name of Co-ordinating person:  
(include tel. mobile, fax & email)

Exam Venue (with full details):

Sr. No.	Date of examination	Time of examination	No. of candidates
1.			
2.			
3.			

Note: Not more than three sessions (maximum 60 candidates per session) in a day would be permitted.

Details of stay arrangement:  
for the invigilator (indicate hotel  
name, address & tel. no.)

### **Undertaking**

WE, the organisers, hereby state that we shall abide by the rules and regulations stipulated by AMFI towards organizing the examination. We have ensured that only bonafide / eligible candidates will be appearing for the said exam/s. We have verified that none of the candidates have been disqualified during the past one year. We, the organisers, indemnify AMFI for all losses and/or any other damage that may be caused due to conducting or not conducting the test(s). We are liable to pay the cancellation charges as stipulated in the guidelines if we cancel a session/entire test.

Signature of the Organiser with seal

Place:

Date:

Note: This sheet to reach IICM at least 10 days prior to the proposed date of test.