



Life Underwriters Guild of India

"Aseervadh", 26, Tatabad Street, Coimbatore - 641 012, India
Tel : 0422 4374962, 4212872 E-mail : lugi@airtelbroadband.in Website : www.lugi.org

FChFP - EXAMINATION REGISTRATION FORM

Please read the instructions before filling the form

PERSONAL PARTICULARS (Please Complete in BLOCK CAPITALS)

Full Name													Affix Photo
Name as you would like to be in the Certificate													
Nationality				Date of Birth	D	D	M	M	Y	Y	Y	Y	
Address for Communication													
Residence Telephone with code											Sex	Male <input type="checkbox"/>	Please sign in black ink only
Mobile											Female <input type="checkbox"/>		
E-mail ID													

Qualification PG Degree / Diploma Others

Other Professional Qualification

PRESENT EMPLOYMENT

Name of the Company														
Designation											Service Since-			
Centre for Examination													(Please refer instructions)	
Student's ID :													(Fresher leave it blank)	

ACKNOWLEDGEMENT

Received the Examination Registration Form along with the payment of Rs. CD No.

dated drawn on

Tick	Module No.	Title	First Appearance	Re Appearance
	FChFP 01	Fundamentals of Investments and Financial Planning		
	FChFP 02	Retirement Planning and Tax Concept		
	FChFP 03	Investment Planning		
	FChFP 04	Risk Management and Legal Aspects		
	FChFP 05	Estate Planning & Tax Planning for Individuals & Business Owners		
	FChFP 06	Financial Planning Applications		

Payment Particulars	DD No.	dated	for Rs.	drawn on
	in favour of Life Underwriters Guild of India, payable at Coimbatore			

I certify that the information provided above are true to the best of my knowledge and belief.

Place :

Date :

Signature of the candidate

FOR OFFICE USE ONLY

Date of Receipt of Examination Registration Form

Particulars of Payment Received

Office Note

	DD No.	dated	for Rs.
	drawn on		

Signature of Chairman
Education Committee

Signature of Co - Chairman
Education Committee