

Royals' Institute Of Professional Education

Your TRUST Our COMMITMENT (Since 2009)

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[Student registration form]



1. Name *(In Capital Letters)* _____
2. Gender Male Female
3. Date of birth _____
4. Registration No. of ICAI _____
5. Ripe registration No. *(To be allotted by the office)* _____
6. Joining Test Series For CA- Foundation CA-Intermediate CA-Final
(Available for Old Syllabus Only For May 2018)
7. Group Applied Group-I Group-II Both
8. Test Series joined for the month of _____
9. Exemption Details (If Any) _____
(Attach Result Copy-Mandatory)
10. Other Paper opting in place of exemption (Will be held on the day of exempted paper) _____

11. Mother's Name _____
12. Father's Name _____
13. Residential Address _____

14. Mobile No.(Primary/Whatsapp)_____

15. Mobile No.(Secondary)_____

16. E-mail ID_____

17. Exams mode opted

1. I Will physically appear in exams

2. Would like to receive Question papers & send Answer sheets via E-mail

3. Would like to receive Question papers & send Answer sheets via Whatsapp

18. Joining for: **Booster Test Series** **Revisionary Test Series**

19. How did you come to know about us ?_____

Declaration

I hereby declare that the information furnished here by me is true to the best of my knowledge & I will abide by all the rules of Test Series.

Date of joining

Signature of applicant

Fee Payment Option **Account Payee Cheque** **Draft** **Cash**

Cheque/Draft No. _____ **Dated** _____ **Bank Name** _____

**** Download instructions page for Benefits, Rules, Date sheet & Fee details**