

 **IAF-AB - INTERNATIONAL ACCREDITATION FEDERATION OF ACCREDITATION BODIES**

 **Renewal form CATEGORY IAF-AB – Individual/ faculty**

# All prospective members of International Accreditation Federation of Accreditation Bodies (IAF-AB). is required to complete this registration form. Indicate any changes; Membership runs from round the year. NEW MEMBERSHIP RENEWAL Changes for directory?

**SECTION 1: MEMBER CONTACT INFORMATION**

|  |  |
| --- | --- |
| TITLE  |  Dr Mr Mrs Miss Prof Ms  |
| Name of Individual |   |
| Organization's Name |   |
| Position/ Assignment  |   | Work Phone (If Unique) |   |
| Address 1  |   |  Principle Phone |   |
| Address 2  |   | Home Phone |   |
| Town/City  |   | Whatsapp |   |
| Postal Division |   | Essential Email |   |
| Country:  |   | Auxiliary Email |   |

**\*Star the e-mail and phone number you would like listed in the directory**

**Details of Educational Qualifications:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Studied**  | **Name of the Course**  | **Major**  | **Month & Year of Passing**  | **Name of the Institution/College/ University**   | **Percentage of Marks/ Class**  |
| Hr. Secondary  |   |   |   |   |  |
| Under Graduate  |   |   |   |   |  |
| Post Graduate  |   |   |   |   |  |
| M.Phil  |   |   |   |   |  |
| Ph.D  |   |   |   |   |  |

(Enclose XEROX copy of UG/PG/Phd Provisional Certificate and list of publication in separate sheet).

 **SUCCESSFUL TEACHING EXPERIENCE:**

 The teaching requirement (two full years or equivalent) has been met in the following manner:

|  |  |  |
| --- | --- | --- |
| **School/College/University**  | **School/College/University Division**  | **Years of Teaching**  |
|   |   |   |
|   |   |   |

 **ACCREDITATION SEMINAR** (attach copy of certificate)(check):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| D | ay  | Mo | nth  |  Year  |
|    |    |    |    |    |    |    |    |

|  |
| --- |
| **Subject Area:**   |

##  **Date Attended**

|  |  |  |
| --- | --- | --- |
| Day | Month |  Year |

**\*Star the e-mail and phone number you would like listed in the directory**

# SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

##  1

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBER TYPE**  | **DESCRIPTION**  | **MEMBERSHIP** **DUES (Annual)**  | **Please Check**  |
| **Provisional Accreditation Bodies** | Individual / Faculty is eligible Membership  | $300 |   |
| **Provisional Accreditation Bodies** | Individual / Faculty is eligible Membership  | $100 |   |
| **PER MANDAY RATE OF AUDIT(Separate Quotation Will Be Send)** | Individual / Faculty is eligible Membership  | $50  |   |
| **Payment mode** |  Online Payment Pay Pal Western Union Others  |  |  |

|  |
| --- |
|   Paste your recent colour photograph   |

**SECTION 3: MEMBER INFORMATION**

|  |
| --- |
| **OCCUPATION /INFORMATION/JOB TITLE:**  |
| Member **IAF-AB:** Yes No Would you like to receive **IAF-AB** /It’s Sister Organs membership information?: Yes No  |
| **What is your main objectives of your Individual / Faculty :** |
| Please indicate if you would be willing to **serve on a chapter/committee etc.**:  Yes Not at this time Is there any interest specific area/committee you would like to serve on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Committees/Positions/IAF-AB / It’s Sister Organs are listed at http://www.iaf-ab.org/IAF-AB sisterorgans.html)  |
| **Permission to use photographic images**: Photographs of IAF-AB members may be used in various IAF-AB communications incl. the newsletter and website. Group photographs taken at IAF-AB events may be used without identifying individual members. For individual photographs, please indicate your permission for use: \_\_\_\_\_ IAF-AB /It’s Sister Organs have my permission to use and identify photographs of me. \_\_\_\_\_ IAF-AB /It’s Sister Organs does not have permission to use and identify photographs of me. \_\_\_\_\_ IAF-AB /It’s Sister Organs must contact me before using any identified photographs of me in IAF-AB communications.  |

All disputes relating to membership, IAF-AB, services/privileges, issue of Identity Cards, Certificates and etc. are governed by Civil Laws and Civil Courts only subject to Mumbai,(India) Jurisdiction.

**Declaration:** I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may be held liable for it. I/We hereby authorize sharing of the information furnished on this form with the **IAF-AB** .

Name of Teacher/Faculty Signature

* **To pay online:** The Membership Fee in favor of “**IAF-AB**” or You can Transfer the Amount through Bank directly in A/C NO. 129502000000891, **Bank Name:** Indian Overseas Bank, Mumbai. **SWIFT Code:** IOBAINBB089.**Ifsc Code:**,IOBA 0001295 **Whatsapp. :** +91-8275879725
* Regardless of payment method used, please **form** to info@iaf-ab.org . fill your details in and **make sure to send a cop**-mail, which includes,name, address, tel, fax, **of your payment transfer receipt/**-mail and cellphone Number. Payment receiv**e-slip along with membership** will be updated at **IAF-AB** after 48 hrs.