



**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**

<b>TITLE</b>	<input type="checkbox"/> <b>Dr</b>	<input type="checkbox"/> <b>Mr</b>	<input type="checkbox"/> <b>Mrs</b>	<input type="checkbox"/> <b>Miss</b>	<input type="checkbox"/> <b>Prof</b>	<input type="checkbox"/> <b>Ms</b>
Name of Individual						
Organization's Name						
Position/ Assignment				<b>Work Phone (If Unique)</b>		
Address 1				<b>Principle Phone</b>		
Address 2				<b>Home Phone</b>		
Town/City				<b>Whatsapp</b>		
Postal Division				<b>Essential Email</b>		
Country:				<b>Auxiliary Email</b>		

\*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):

Subject Area:

Date Attended

D	y	M	o	n	t	Y	e	a	r
Day	Month	Year							

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

**SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS**

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	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others		

Paste your recent colour photograph

### SECTION 3: MEMBER INFORMATION

<b>OCCUPATION /INFORMATION/JOB TITLE:</b>
Member IAF-AB: Yes <input type="checkbox"/> No <input type="checkbox"/> Would you like to receive IAF-AB /It's Sister Organs membership information?: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is your main objectives of your Individual / Faculty :</b>
Please indicate if you would be willing to <b>serve on a chapter/committee etc.:</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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 <a href="http://www.iaf-ab.org/IAF-AB_sisterorgans.html">http://www.iaf-ab.org/IAF-AB_sisterorgans.html</a> )
<b>Permission to use photographic images:</b> 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. 12950200000891, **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](mailto: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 **receive-slip along with membership** will be updated at **IAF-AB** after 48 hrs.

