



**THE INSTITUTE OF COST ACCOUNTANTS OF INDIA**

(Statutory body under an Act of Parliament )

CMA Bhawan, 3 Institutional Area, Lodhi Road, New Delhi- 110003

**FORM T-5**

**CERTIFICATE OF TRAINING IMPARTED BY PRACTISING COST ACCOUNTANT/  
FIRM OF COST ACCOUNTANTS/ORGANATIONS**

1.	Particulars of Student registered as Trainee:	
	Name in full (in Capital Letters):	
	Fathers Name (in Capital Letters):	
	Student's Registration No. with date	
	Residential Address	
	Telephone No.	
	Mobile No.	
	E-mail ID	
2.	Name of the PCA/ Firm of Cost Accountants/ Organisation engaging Trainee	
	Membership No. (PCA/Firm of Cost Accountants)	
	Organisation empanelment no. (if any)	
	Address	
	Telephone No.	
	Mobile No.	

	E-mail ID	
3.	Period of Training	From..... To .....
4.	Areas in which Training is imparted	
5.	Any General Observation on the conduct of the Trainee	

Signature of the Student  
Registration. No.  
Date:

Authorized Signatory with name &  
Designation and Seal

Note:- To be sent to The Director (T&P), Institute of Cost Accountants of India, 4<sup>th</sup> floor, CMA Bhawan, 3, Institutional Area, Lodhi Road, New Delhi -110003.