

## THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

CMA Bhawan, 12, SUDDER STREET, KOLKATA -700016

www.icmai.in

## APPLICATION FORM FOR ADMISSION TO FOUNDATION COURSE

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То																							
The Secretary to the Council of THE INSTITUTE OF COST ACCOUNTANTS OF INDIA 12, Sudder Street, Kolkata - 700016							IDENTIFICATION NUMBER																
Sir/Madam,																							
I wish to enroll as a student	to pursue th	e Found	ation Cou	rse of the	e Institut	e of Co	st Acco	ountants	of Indi	a. The	require	ed partic	culars a	are furn	nished	below:						/ Chapt as applicat	
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1. Name: (As per SSC/	Class X Cert	ificate)	Selec	t: Male	:	J	Fem	ale :															
First name																							
Middle name																							
Surname																							
2. Father's Name :	'							'	'		'					'						·	•
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3. Mother's Maiden Nam	ne :																_						
4 11 1 13 14	·					•					•	·											
4. Husband's Name :											$\Box$					1							
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5. (a) Date of Birth : (Da	te/Month/Yea	ar) [e.g. d	dd/mm/yy	уу] :				(b)	Nationa	lity													
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6. (a) Religion :								(a)	Caste :					[50/	21/0B	C/Gene	raij						
(c) Physically Handic	, [	[ If Yes, mention ( ) % of disability as per latest Certifi								icate fr	om G	overnme	ent Hosp	ital]									

7. (a	) Addres	ss:	Ι			1	ı		I	T	Ι	I		1						I	Ι				
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(b) State : (c) City :									y :	(d) Pin Code :															
8. Contact Details :																									
e-mail id																									
Teleph	lephone (STD Code and Number)																								
Mobile																									
9. A	9. Academic Qualification :																								
Qualification Discipline									Во	ard/Univ	ersity				Year of Pass				% of Marks						
Class >	lass X/SSC																								
Class >	(II																								
10. Mode of Coaching Opted : [Select : Oral/Postal/e-learning]																									
11.	(a) Pay	yment D	Details :	Online /	Pay Fe	e Modul	e					(b) Bank Reference : (to facilitate refund of fees, wherever applicable)													
(i)	Date	of Payr	ment									(i) Bank Account Number													
(ii)	Name of the Bank								(ii) Name of Account Holder/(s)																
(iii)	iii) Name of the Branch											(iii) IFSC Number													
(iv)	Trans	ransaction No.										(iv)	(iv) Name of Bank												
(v)	Amou	unt of Fe	ees Paid (₹)									(v) Name of Branch													
the part	(v) Name of Branch  I hereby declare that the particulars furnished above are true and correct and if at any time it is found that the said particulars are incorrect/false, I agree to my enrolment being cancelled without any obligation of the part of the Institute to refund any fee paid by me to the Institute. I also hereby undertake that if enrolled for pursuing Foundation course of the Institute, I shall be bound by the provision of the Cost and Work Accountants Act, 1959 CWA (Amendment) Act, 2006 and CWA (Amendment) Act, 2011 and the Regulations framed thereunder and any amendments that may be made from time to time.																								

Date : Signature :

N. B.: Legal disputes, if any, arising in relation to Directorate of Studies, shall be settled within the jurisdiction of Hon'ble High Court, Kolkata.

Place: