



THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

CMA Bhawan, 12, SUDDER STREET, KOLKATA -700016

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FORM OF APPLICATION FOR REGISTRATION AS A STUDENT (As per Regulation 20 of ICAI Regulations)

To

The Secretary to the Council of
THE INSTITUTE OF COST ACCOUNTANTS OF INDIA
12, Sudder Street, Kolkata - 700016

REGISTRATION NUMBER

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Sir/Madam,

CMA Support Centre / RC / Chapter Code
(To be filled in by office only, as applicable)

I wish to register as a student of the Institute of Cost Accountants of India. The required particulars are furnished below :

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1. Name : (As per SSC/Class X Certificate) Select : Male : Female :

First name																				
Middle name																				
Surname																				

2. Father's Name :

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3. Mother's Maiden Name :

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4. Husband's Name : (applicable for married female candidates only)

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5. (a) Date of Birth : (Date/Month/Year) [e.g. dd/mm/yyyy] :

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(b) Nationality

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6.

Religion	Caste (SC/ST/OBC/General)	Physically Handicapped (Yes or No)	If yes, Disability %	Name of Government Hospital/Authority with date of Certificate Issue

7. Contact Details :

e-mail id	
Telephone (STD Code and Number)	
Mobile	

