



THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

CMA Bhawan, 12, SUDDER STREET, KOLKATA - 700016

www.icmai.in

FORM OF ENROLMENT FOR THE FINAL COURSE OF ICAI

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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,

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

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

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

First name																				
Middle name																				
Surname																				

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

3.

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

4. Contact Details :

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

5. (a) Address :

(b) State : (c) City : (d) Pin Code :

6. Academic Qualification :

Qualification	Discipline	University	Year of Pass	% of Marks
Graduate				
Post-Graduate				
Doctoral				

7. Professional Qualification :

Name of the Examination	Institution	Year of Passing	Roll Number as per Pass Certificate	Qualification Based Exemption in ICWAI Course (mention Paper Numbers)	Membership No. (if any)

8. ICAI Intermediate Pass Details:

Group	Term	Year	Roll Number	Marks Obtained	Rank (if any)
I					
II					

9. Mode of Coaching Opted : [Select : Oral/Postal/e-learning]

10. (a) Payment Details : Online / Pay Fee Module

(i)	Date of Payment	
(ii)	Name of the Bank	
(iii)	Name of Branch	
(iv)	Transaction No.	
(v)	Amount of Fees Paid	(₹)

(b) Bank Reference : (to facilitate refund of fees, wherever applicable)

(i)	Bank Account Number
(ii)	Name of Account Holder/(s)
(iii)	IFSC Number
(iv)	Name of Bank
(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 on the part of the Institute to refund any fee paid by me to the Institute. I also hereby undertake that if enrolled for pursuing Final course of the Institute, I shall be bound by the provision of the Cost and Works 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.

Place :

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.