

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 PRACTICING COST ACCOUNTANT/ FIRM OF COST ACCOUNTANTS/ORGANISATION

. Particulars of Student registered as Trainee:					
Name in full					
(in Capital Letters):					
Fathers Name					
(in Capital Letters):					
Student's Registration No.					
Residential Address					
Telephone No.	ephone No. Mobile No		E-mail ID	E-mail ID	
2. Name of the PCA/					
Firm of Cost Accountants/					
Organization engaging Trainee					
Membership No.					
(PCA/Firm of Cost Accountants)					
Organisation empanelment no. (if any)					
Address					
Telephone No.	Mobile I	No.	E-mail ID		
3. Date of completion of 6 months		From:		_(date)	
Training		То:		_(date)	
Areas in which Training is imp					
5. Any General Observation on the					
conduct of the Trainee					
	Name in full (in Capital Letters): Fathers Name (in Capital Letters): Student's Registration No. Residential Address Telephone No. Name of the PCA/ Firm of Cost Accountants/ Organization engaging Trained Membership No. (PCA/Firm of Cost Accountant Organisation empanelment no Address Telephone No. Date of completion of 6 mont Training Areas in which Training is imp Any General Observation on t	Name in full (in Capital Letters): Fathers Name (in Capital Letters): Student's Registration No. Residential Address Telephone No. Mobile Noile No	Name in full (in Capital Letters): Fathers Name (in Capital Letters): Student's Registration No. Residential Address Telephone No. Mobile No. Name of the PCA/ Firm of Cost Accountants/ Organization engaging Trainee Membership No. (PCA/Firm of Cost Accountants) Organisation empanelment no. (if any) Address Telephone No. Mobile No. (PCA/Firm of Cost Accountants) Organisation empanelment no. (if any) Address Telephone No. Mobile No. Date of completion of 6 months From: Training To: Areas in which Training is imparted Any General Observation on the	Name in full (in Capital Letters): Fathers Name (in Capital Letters): Student's Registration No. Residential Address Telephone No. Mobile No. Name of the PCA/ Firm of Cost Accountants/ Organization engaging Trainee Membership No. (PCA/Firm of Cost Accountants) Organisation empanelment no. (if any) Address Telephone No. Mobile No. E-mail ID Date of completion of 6 months From:	

Authorized Signatory with name Designation and Seal Date: Signature of the Student Registration. No.:

Note: Upload the signed copy of this completely filled form online at <u>www.icmai.in</u>