

## Application for 1 Year CA/CMA Industrial Training (Strike out whichever is not applicable)

Name			:									
Registration No				:								
Father's Name			:	:						Pl. paste recent passport size		
Mother's Name				:					photo	graph		
Date of Birth												
Correspondence Address												
Correspondent	te Address	•		••••••								
			•••••									
Email Address				:								
Mobile Numbe	er		:									
PAN Number			:									
Adhaar Numbe	er		:									
Education Qua	lification		•									
Qualification	Board/In	stitute/Uni	versity	Year of F	Passing	% of	Marks	Spec	ializati	on		
12 <sup>th</sup>												
Graduation												
Professional Q	ualificatio	<b>n</b> (Please pr	ovide le	vel wise i	nformatio	on)	:					
Level		Institute (ICAI/ICMAI)		Month & Yea Passing				No of Attempts		of ots		
CPT/Foundatio	n		-		_							
Intermediate Group - I												
Intermediate Group – II												
Intermediate	Group											
<b>I&amp;II</b> (If passed to	ogether)											
Details of Artic	leship		:									
Firm Name Firm Ad		ddress From		То		Remaining p		per	period of			
							Aiticlesilip					
Choice of Work	c Centres f	or training:	1	,	2		3					
Are any of you	r parents v	vorking/wo	rked in C	NGC (Pl.	tick): YES	/NO.	If yes, please	provid	le follo	wing:		
Name	Relation				CPF No							
I, hereby under	rtako that	the particul	arc aivor	hy mo a	re true to	tha h	est of my kno	wloda	۵			
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Signature of the applicant Date: