



**THE INSTITUTE OF COST ACCOUNTANTS OF INDIA  
ADVANCED STUDIES DIRECTORATE**

**REGISTRATION FORM FOR- Diploma Courses**

*Affix recent  
passport size  
photograph*

1. Name of the Course: \_\_\_\_\_
2. Father's/ Husband's Name: \_\_\_\_\_
3. Full Name (in block letters): \_\_\_\_\_  
(first name) (middle name) (surname)
4. Gender: Male ☐ Female ☐ (Drop Box Menu)
5. Membership Details:

Please mention your:

(I) Membership Number: \_\_\_\_\_

(II) Membership Status: Graduate CMA (☐) ACMA (☐) FCMA(☐)

6. Are you a Member of some other Professional Institute: Yes (☐) No (☐)

If yes, please mention the name of the Institute and Membership No.

\_\_\_\_\_  
\_\_\_\_\_

7. Correspondence Details:

Correspondence Address	Residential Address	Phone No.	E-Mail Id

8. Employment Details *(If the Applicant is in Employment)*:

8.1 Current Employment

- (a) Name of the Organization: \_\_\_\_\_
- (b) Designation: \_\_\_\_\_
- (c) Nature of Work/Duties Performed: \_\_\_\_\_  
*(Attach a separate sheet if required)*
- \_\_\_\_\_
- (d) Date of Joining: \_\_\_\_\_

8.2 Past Experience:

- (e) Total Work Experience *(in months)*: \_\_\_\_\_
- (f) Nature of Experience in past employment : \_\_\_\_\_  
*(Attach a separate sheet if required)*
- \_\_\_\_\_

9. In case of Company sponsored/nominated candidates:

- (a) Name of the Nominating Authority: \_\_\_\_\_
- (b) Designation of the Nominating Authority: \_\_\_\_\_
- (c) Mobile No: \_\_\_\_\_
- (d) E-Mail Id: \_\_\_\_\_

10. Fee Payment Details:

- (a) Online Payment : Yes/No.      If yes, Acknowledgment No. \_\_\_\_\_

(b) Payment by Demand Draft/ Pay Order: Yes/No

If yes, Pay Order/Demand Draft No. \_\_\_\_\_ Dated: \_\_\_\_\_

Drawn on Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

**Declaration:** I declare that the details/ information given above is true to the best of my knowledge.

**(Signature of the Candidate)**

**Place:**

**Date:**

**Notes:**

- (I) Whether the payment is made online or through Demand Draft/ Pay Order, the applicant is required to submit a hard-copy of the Registration form to: CMA M P S Arun Kumar, Dy. Director (Advanced Studies), Hyderabad Center of Excellence, The Institute of Cost Accountants of India, Plot No. 35, Financial District, Nanakramguda Village, Serilingampally Mandal, Gachibowli, Ranga Reddy District, Hyderabad-500032.
- (II) Enclose self attested testimonials and certificates for the professional qualifications mentioned. Members of the Institute should mention their Membership Number and the Final Qualified participants should mention their Student Registration Number.