

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 Dr., P S S Murthy, 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 enclose a self attested Institute I-Card and Membership Certificate.*