

THE INSTITUTE OF COST ACCOUNTANTS OF INDIA DIRECTORATE of ADVANCED STUDIES 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: ACMA () FCMA()					
6.	Are you a Member of some	other Professional Insti	itute: Yes ()	No ()	
	If yes, please mention the name of the Institute and Membership No.			No.	
					

7.	Correspondence Details:				
	Correspondence Address	Residential Address	Phone No.	E-Mail Id	

	Correspondence Address	Residential Address	Phone No.	E-Mail Id			
8.	Employment Details (If t	the Applicant is in Employmen	<u> </u> :):				
	. Employment Details (1) 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 s	, ,					
	(d) Date of Joining:						
	8.2 Past Experience:						
	(e) Total Work Experience (in months):						
	(f) Nature of Experi (Attach a separate s	,	:				
9.	In case of Company spo	nsored/nominated candid	ates:				
	(a) Name of the Nomina	ating 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	e 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., PSS 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.