



FORM : M-2

THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

(STATUTORY BODY UNDER AN ACT OF PARLIAMENT)

FORM OF APPLICATION FOR ADMISSION AS ASSOCIATE/FELLOW MEMBER

The Secretary to the Council of
The Institute of Cost Accountants of India,
12, Sudder Street,
Kolkata – 700 016.

Sir,

I hereby apply for admission as Associate/Fellow Member of the Institute of Cost Accountants of India in accordance with the provisions contained in the Cost and Works Accountants Act, 1959, and the Rules and Regulations made thereunder as amended from time to time and declare that I am not subject to any of the disabilities stated in the Act and the Rules and Regulations of the Institute. The required particulars are furnished below :

1.	Name in Full																												
	(Block letters)	First Name								Middle Name								Surname											
2.	Father's Name																												
3.	Date of Birth*																											Sex :	
		DAY		MONTH		YEAR																							
4.	(i). Nationality																												
	(ii). Citizenship																												
	(iii). Domicile																												
	(Permanent place of residence)																												
5.	If not an Indian citizen, whether Certificate of Indian Domicile has been obtained**	Yes <input type="checkbox"/>													No <input type="checkbox"/>														
6.	Educational/Professional Qualifications																												
7.	(i). Professional Address	Designation																											
		Name of Company/Organisation																											
		Address																											
															Pin Code														
		Landline Phone (with STD)													Fax No.														
		Mobile No.																											
		Official E-mail													Personal E-mail														
		(ii) Mailing Address																											
														Pin Code															
	Telephone/Mobile No.													Fax No.															
	E-mail																												
	(iii) Address for recording in the Register of Members to be used for communication purpose (Please tick desired address)													<input type="checkbox"/> Professional										<input type="checkbox"/> Mailing					
8.	a) Registration Number as a student for Examinations conducted by the Institute with month & year of passing the Final examination	Regn. No. :																											
		Name of the body :																											
		Passed in (Month & Year) :																											
		Grad. CWA No. (if enrolled as Grad. CWA) :																											

	b) Particulars of such other company secretaryship qualification acquired from foreign body recognised by the Central Government/the Council as being equivalent to the Institute's examination and training	(i) Name of Foreign Body :		
		(ii) Student Registration No. :		
		(iii) Date of Registration :		
		(iv) Month, year & place from where appeared for the Final Examination of that body :		
		(v) Membership number, date & place of admission :		
		Membership No. :		
		Date :		Place :
9.	Details of experience in present employment (to be certified by the present employer or a separate certificate may be enclosed) :			
	Name and address of the organisation, paid-up share capital/reserves, if any	Period From To		Nature of Experience with designation
10.	Details of experience in past employment(s) [to be certified by the past employer(s) or separate certificate(s) may be enclosed]*			
	Name and address of the organisation, paid-up share capital/reserves, if any	Period From To		Nature of Experience with designation
11.		Period From To		
12.		Period From To		
13.	I hereby declare that I am/am not a permanent resident of India/resident outside India.**			
14.	I hereby undertake that if admitted as an Associate / Fellow member of the Institute, I shall be bound by the Cost and Works Accountants Act, 1959 and the Rules and Regulations made thereunder as amended from time to time and shall abide by such bye-laws, rules, standing orders, directions, conditions or guidelines as may be laid down by the Council and made applicable to me from time to time.			
15.	I enclose demand draft/cheque no. _____ dated _____ for Rs. 1800/- Rs. 2500/-*** drawn in favour of "The Institute of Cost Accountants of India" drawn on _____ (Bank) payable at Kolkata.			

I solemnly declare that what I have stated above is true and correct to the best of my knowledge and belief.

Yours faithfully,

Place :

Date :

Signature

* Applicants are requested to produce attested copies of evidence of their experience, age, certificates, diplomas and/or other documents. However, Associates applying for Fellowship need not give these particulars except attested copies of evidence of their experience.

** Applicant's are requested to send certificate of Indian Domicile in original alongwith photocopy thereof, if applicable.

*** Rs. 1000/- Associate Entrance Fee Rs. 800/- Annual Associate Membership Fee
Rs. 1000/- Fellow Entrance Fee Rs. 1500/- Annual Fellow Membership Fee] With effect from 1st April 2012

Cheque/DD should be drawn in favour of "The Institute of Cost Accountants of India" and payable at Kolkata. In case of outstation cheque not payable at Kolkata, Rs. 30/- is to be added towards Bank Charges. Fees may also be paid online through the Payment Gateway of the Institute's Website www.icwai.org.