FORM : M-3

STATE OF STA

To

THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

(STATUTORY BODY UNDER AN ACT OF PARLIAMENT) FORM OF APPLICATION FOR THE ISSUE OR RENEWAL OF A CERTIFICATE OF PRACTICE

The Secretary to the Council of THE INSTITUTE OF COST ACCOUNTANTS 12, Sudder Street, Kolkata - 700 016	OF INDIA
Sir,	
dated for Rs. 10 31st March which may be	ou towards the fee for the Certificate of Practice for the peried ending
*2 I declare that I am not engaged in a Accountancy. If and when I intend to be so engaged I s	any other business or occupation besides the profession of shall obtain the prior permission of the Council.
to continue to be so engaged in addition to the practice	and propose of accountancy for which the permission has already been $\frac{\text{obtained}}{\text{applied for}}$ vide dated
*4 I undertake that as and when I cease to be in p Accountants Regulations, 1959.	oractice I shall duly inform the Council as required by the Cost and Works
*5 I hold Certificate of Practice for the period end	ing 31st March
Place :	Yours faithfully
Date :	(Signature)
	Membership Number M/
	Name in full
	Address
	Landline Phone (with STD)
	Mobile
	E-mail

WHILE APPLYING FOR CERTIFICATE OF PRACTICE OR FOR RENEWAL KINDLY FILL IN THE FOLLOWING DECLARATION

	Place
То	Date
The Secretary to the Council of	
THE INSTITUTE OF COST ACCOUNTANTS OF INDIA	
12, SUDDER STREET, KOLKATA - 700 016	
Dear Sir,	
*I hereby declare that I am not holding salaried employment in any org	ganisation or under any person and that I shall duly
intimate to you if and when I take up such salaried employment.	
I hereby declare that I am holding a salaried employment as	
in M/s.	
*I also hereby declare that I am $\frac{\text{+ holding}}{\text{+ not holding}}$ Certificate of Practice as a C	hartered Accountant under the Chartered Accountants
Act, 1949.	
*Lalco horoby declare that Lam + holding Cortificate of Practice	as a Company Socretary issued by the Institute of
*I also hereby declare that I am + not holding Certificate of Practice and Company Secretaries of India.	as a Company Secretary issued by the institute of
	† Chartered Accountant
*I also hereby undertake to intimate to you if and when I obtain Certifica	ate of Practice as + Company Secretary
*I also hereby declare that I am not an Advocate registered with any Sta	ate Bar Council
I also hereby declare that I am an Advocate registered with	Bar Council, that I have voluntarily
suspended practice as Advocate vide letter No	dated from the said Bar Council
and that I shall intimate to you if and when I resume practice as Advocate.	
Name in full	
Address	
	Yours faithfully,
Londline Dhane (with CTD)	(Signature)
Landline Phone (with STD)	, 3,
Mobile	Membership Number M/
E-mail	

^{*}Please delete the paragraph not applicable

[†] Delete words not applicable