То	THE INSTITUTE OF COST ACCOUNTANTS OF INDIA CMA Bhawan, 12, SUDDER STREET, KOLKATA-700016 www.icmai.in FORM OF APPLICATION FOR REGISTRATION AS A STUDENT (As per Regulation 20 of ICAI Regulations)												Photo (Paste/Upload Photo in Browse Mode)													
	The Secretary to the Council of REGISTRATION NUMBER																									
	STITUTE			OUNTAN 0016	TS OF	INDIA																				
Sir/Madam,												Cent	re / RC	/ Chapt	er Cod											
wish to register as a student of the Institute of Cost Accountants of India. The required particulars are furnished below :											a in by o	fiice only,	as applica	bie)												
1. N	lame: (/	As per S	SC/Cla	ss X Cert	ificate	) S	elect : M	ale : (		)	Fem	ale :														
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3. N	lother's	Maiden	Name :																							
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4. H	usband	's Name	: (app	licable for	r marri	ied fema	le candic	lates o	only)						 			1							<del>.                                    </del>	
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5. (a		of Birth :	(Date/I	Month/Yea	ar) [e.g	g. aa/mm	/yyyyj:					(d)	Nation	ality												
6.																										
R	Religion Caste (SC/ST/OBC/General) Physically Handicapped (Yes or No) If yes, Disability % Name of Government Hospital/Authority with date of Central Authority Withority Withority Withority Withority Withority Withority									of Cer	tificate	Issue														
7. C	7. Contact Details :																									
e-mail	e-mail id																									
Teleph	Telephone (STD Code and Number)																									

Mobile

#### (a) Address : 8.

(b)	) State :	[				(c) City	/:	-		 (d	) Pin Co	de :			 

(b) State :

(c) City :

#### 9. Whether qualified ICAI Foundation/ICSI Foundation /CAT (Level I or II) ICAI : Yes [ 1 No [ ] If yes, please mention the following :

Name of the Examination	Institution	Foundation Identification No.	Term and Year of passing	Roll Number

### 10. Academic Qualification :

Qualification	Discipline	University	Year of Pass	% of Marks
Class X/ SSC				
Class XII				
Graduate				
Post-Graduate				
Doctoral				

### 11. Professional Qualification :

Name of the Examination	Institution	Year of Passing	Roll Number as per Pass Certificate	Qualification Based Exemption in ICWAI Course (mention Paper Numbers)	Membership No. (if any)

## 12. Mode of Coaching Opted : [Select : Oral/Postal/e-learning]

#### (a) Payment Details : Online / Pay Fee Module 13.

	(., .,			
(i)	Date of Payment		(i)	Bank Account Number
(ii)	Name of the Bank		(ii)	Name of Account Holder/(s)
			(iii)	IFSC Number
(iii)	Name of the Branch		(iv)	Name of Bank
(iv)	Transaction No.		(v)	Name of Branch
(v)	Amount of Fees Paid	(₹)		

I hereby declare that the particulars furnished above are true and correct and if at any time it is found that the said particulars are incorrect/false, I agree to my Registration being cancelled without any obligation on the part of the Institute to refund any fee paid by me to the Institute. I also hereby undertake that if enrolled for pursuing Intermediate course of the Institute, I shall be bound by the provision of the Cost and Works Accountants Act, 1959 CWA (Amendment) Act, 2006 and CWA (Amendment) Act, 2011 and the Regulations framed thereunder and any amendments that may be made from time to time.

### Place :

Signature :

(b) Bank Reference : (to facilitate refund of fees, wherever applicable)

N. B.: Legal disputes, if any, arising in relation to Directorate of Studies, shall be settled within the jurisdiction of Hon'ble High Court, Kolkata.

Date :

# **INTERMEDIATE COURSE – APPLICATION FORM FOR REGISTRATION**