



## THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

(Statutory body under an Act of Parliament)

**Headquarters:** CMA Bhawan, 12 Sudder Street, Kolkata – 700016

Ph: 091-33-2252 1031/34/35/1602/1492

Web site: [www.icmai.in](http://www.icmai.in), E-Mail - [training@icmai.in](mailto:training@icmai.in)

**FORM T-5**

**CERTIFICATE OF TRAINING IMPARTED BY PRACTICING COST ACCOUNTANT/  
FIRM OF COST ACCOUNTANTS/ORGANISATION**

1.	Particulars of Student registered as Trainee:		
	Name in full (in Capital Letters):		
	Fathers Name (in Capital Letters):		
	Student's Registration No.		
	Residential Address		
	Telephone No.	Mobile No.	E-mail ID
2.	Name of the PCMA/ Firm of Cost Accountants/ Organization engaging Trainee		
	Membership No. (PCMA/Firm of Cost Accountants)		
	Organisation empanelment no. (if any)		
	Address		
	Telephone No.	Mobile No.	E-mail ID
	3.	Date of completion of 6 months /15 months Training	From: _____(date)
To: _____(date)			
4.	Areas in which Training is imparted		
5.	Any General Observation on the conduct of the Trainee		

Authorized Signatory with name  
Designation and Seal  
Date:

Signature of the Student  
Registration. No.:

Note: Upload the signed copy of this completely filled form online at [www.icmai.in](http://www.icmai.in)