



THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

(Statutory body under an Act of Parliament)

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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.
3.	Date of completion of 6 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