



THE INSTITUTE OF COST ACCOUNTANTS OF INDIA
(Statutory body under an Act of Parliament)
CMA Bhawan, 3 Institutional Area , Lodhi Road, New Delhi- 110003

FORM - T-2

Registration No. :

REGISTRATION FOR PRACTICAL TRAINING

(To be filled by the candidate in CAPITAL Letters)

The Director of Training
Institute of Cost Accountants of India
CMA Bhawan, 3 Institutional Area,
Lodhi Road, New Delhi -11 0003

Sir,

I hereby apply for registration for Practical Training in terms of Practical Training Scheme of the Institute. The requisite particulars are furnished below:

1.Name in Full _____

2.Address _____

_____ Pin Code _____ State _____

Phone No. (with STD Code) _____ Mobile No _____

Email Id _____

3.Date of Birth _____ 4. Sex (Male / Female) _____

4.Category (General/OBC/SC/ST/PH) _____

5.Occupation _____

6.Education Qualification _____

Course /Degree	Year of Passing	% of Marks

7.Professional Qualification _____

8.Experience Details, if any: From _____ To _____

I remit herewith a sum of RS.1 000/- towards Registration Fee of Practical Training through a Demand Draft favoring the Institute of Cost Accountants of India payable at Kolkata.

Details of payment:

Demand Draft No. _____ for Rs _____ Date _____

Drawn on Bank _____ Branch _____

I hereby declare that the particulars furnished above are true to the best of my knowledge and belief. I also hereby undertake to abide by all the rules of the training scheme.

Yours faithfully

Place : _____

Date : _____

Signature

For Office use Only

Student Registration No. :

The above mentioned payment has been sent to Kolkata Office vide Letter No _____ dated _____

Authorized Signatory of Regional Council/Chapter