



**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 FOR EMPANELMENT OF COMPANY/ORGANIZATION**

|    |   |  |
|----|---|--|
| 1. | Name of the Company/Organization with address   |  |
|    | Telephone No.   |  |
|    | E-mail  |  |
|    | Contact Person  |  |
| 2. | Date of Registration/ Incorporation with Status (e.g. Public/Pvt Ltd Co./PSU, Partnership, Society, Firm etc)                     |  |
| 3. | Turnover in the previous Year (Rs. in Crore)  |  |
| 4. | No. of Cost Trainees required along with date of requirement  |  |
| 5. | Are Cost & Management Trainees presently working with your Company, if yes, kindly indicate the names with their Registration no. |  |
| 6. | Proposed place of posting of different Cost & Management Trainees   |  |
| 7. | Areas in which Training shall be engaged (for areas of training, please refer Training Scheme at Annexure-I)                      |  |
| 8. | Proposed Stipend to be paid (For Minimum Stipend payable, please refer Training Scheme at Annexure-I)                             |  |
| 9. | Any other Information, which the Company/Organization may like to provide   |  |

Date:

Authorized Signatory with name & designation

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