



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-1

INTIMATION FOR ENGAGEMENT OF CMA STUDENTS AS TRAINEES

1.	Name of the Practicing Cost Accountant/Firm of Cost Accountants		
2.	No. of partners		Fellow Members: Associate Members:
3.	Address:		
	City:	State:	Pin:
4.	Tel. No. with STD code:		Mobile No:
5.	Maximum Number of Trainees Authorised (As per the number of Partners)		
	Total Number of Trainees already engaged.		
	Number of vacancies of Trainees.		
6.	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.	Email Id:
7.	The period for which the Cost of Management Trainee has been engaged.		From: _____ (date)

The Trainee is engaged as per the Standard guidelines issued by the Institute on Practical Training.

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