



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 T4

INTIMATION FOR ENGAGEMENT OF CMA STUDENTS AS TRAINEES

1.	Name of the Company/Organization with address		
	Contact Person with Designation and Email Id:		
	Telephone No. (with STD code)	Mobile No:	
2.	Date of Registration/Incorporation of the organization		
3.	Nature of Business and Status of Organization like proprietorship. Partnership Firm. Pvt./Public Ltd. etc		
4.	Turnover in the previous Year (Rs. in Crore)		
5.	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:
	The period for which the Cost of Management Trainee has been engaged.	From: _____(date)	
6.	Areas in which Trainee is being engaged		
7.	Amount of Stipend fixed for 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