

## THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

(Statutory body under an Act of Parliament)

Headquarters: CMA Bhawan, 3, Institutional Area Lodhi Road, New Delhi – 110003.

Kolkata office: CMA Bhawan, 12 Sudder Street, Kolkata – 700016.

Ph: 091-33-4036 4777/4721/4750/4779

Web site: <a href="www.icmai.in">www.icmai.in</a>, E-Mail - training@icmai.in

FORM T-4

## INTIMATION FOR ENGAGEMENT OF CMA STUDENTS AS TRAINEES/EMPLOYEES

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:		
(a)	Name in full (in Capital Letters):		
(b)	Father's Name (in Capital Letters):		
(c)	Student's Registration No.		
(d)	Residential Address		
(e)	Telephone No.	Mobile No:	Email Id:
(f)	The period for which the Cost and	From: (date)	
	ManagementTrainee has been engaged.	, ,	
6.	The work areas in which Trainee is being engaged		
7.	Amount of Stipend/CTC fixed for the Trainee		
_			

**NOTE:** The following disclaimer is applicable in case of Practical Training in Chartered Accountants/Company Secretaries firm:

- 1) CA/CS articleship will not be set off for CMA practical training. Hence, this holds good for the said student.
- 2) The firm has separate Management Consultancy Division and the student is working exclusively in that division.

OR

The student is working as an employee (contractual/permanent) of the firm.

3) For students under the Old Practical Training Scheme, the turnover in case of CA/CS Firms should be more than 50 lakhs and above

OR

For students under the New Practical Training Scheme, the turnover in case of CA/CS Firms should be more than 25 lakhs and above.

Authorized Signatory with name

Signature of the Student

Designation and Seal

Registration. No.:

Date:

**Note:** Upload the signed copy of this completely filled form online at:

https://eicmai.in/Training-forms-new/login.aspx