

## REGISTRATION FORM

**Shri D. Chandru, Addl. Director (PD & P)**

The Institute of Cost and Works Accountants of India  
Professional Development and Programme Directorate  
ICWAI Bhawan, 3 Institutional Area, Lodi Road  
New Delhi - 110 003.

Dear Sir,

We hereby inform you that the following executives of our organisation are being deputed as delegates to your Intensive Programme on "....." which has been scheduled to be held during ..... at .....

	Name	Designation	Contact Phone / Mobile No. /E-mail
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....

We enclose our Cheque/DD No. ....

Dated ..... drawn in favour of ICWAI  
payable at New Delhi towards their delegation fee.

Yours faithfully,

Place :

Date : (Name, Designation & Address)

Phone : .....

Fax : .....

E-mail : .....