



The Institute of Chartered Accountants of India
Three Months Residential Programme on Professional Skills Development
(General Management, Personality Development and Communication Skills)

Registration Form

Please fill in block letters

Name :.....
 Registration Number :.....
 Address :
 Telephone Number with STD : Mobile Number :
 E-Mail Address :
 Date of joining articleship :
 Name of the Principal : Membership Number :
 Consent of the Principal for the course :

The student is permitted to attend the programme

Signature

Name and Address of the firm.....

Details of Marks secured in the Institute's examinations

COURSE (Each group should be separately entered)	Month and Year	Marks Secured	Rank awarded (if any)

Extra Curricular Activities

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Details of Payment

Bank Draft Number.....Dated
 Bank.....

Please enclose an account payee demand draft for a sum of Rs. 48,000 in favour of The Secretary, The Institute of Chartered Accountants of India payable in New Delhi

Date :
Place :

Signature