

**APPLICATION FORM FOR OBTAINING FINANCIAL ASSISTANCE FROM
CHARTERED ACCOUNTANTS STUDENTS BENEVOLENT FUND**

The Member Secretary
Chartered Accountants Students Benevolent Fund
The Institute of Chartered Accountants of India
ICAI Bhawan, I P Marg
New Delhi – 110 002.

Dear Sir,

I request that I may be provided financial assistance for maintenance of C.A. education from the Chartered Accountants Students Benevolent Fund. I give below my particulars as:

1		i) Name of the applicant ii) Date of Birth iii) Age	
2		Articles Assistant Registration No.	
3		Full Address	
4		Marital Status	
5 (a)		i) Father's Name ii) Occupation iii) Address iv) Monthly Income (Attach documentary proof)	
5 (b)		i) Mother's Name ii) Occupation iii) Address iv) Monthly Income (Attach documentary proof)	
6		Details of total income from all sources per month Indicate separately from each source.	
7		Total monthly expenditure of the Students.	
8		What is the source from which the applicant is presently meeting his/her education expenditure per month?	
9		Detail of the parents /brothers /sisters of the articled assistant and their occupation and their income together with source. The details of the financials assistance, if any, provided by them to the students.	
10		Qualifications of the articled assistant [enclosed copies of mark sheets of examinations passed] i. 12 th ii. CPT iii. Intermediate / PE-II/PCE/IPCC iv. Graduation/Post Graduation	Marks secured in percentage and whether first attempt or not [state the attempt] <u>Marks</u> <u>Attempt</u> a).....% b).....% c).....% d).....%

11		Whether Physically Challenged (if yes, enclose attested copy of medical certificate).	

11. Particulars of the family members of the applicant including parents, sisters and brothers.

S.No	Name	Age	Relationship	Occupation	Annual Income
(i)					
(ii)					
(iii)					
(iv)					
(vi)					

12 Particulars of School/College/University etc . where the student had studied (Any break in the education career should be indicated in the remarks column and attested copies of the certificate should be sent with this form)

S.No	Name of School/College and Institution	Examination Passed	Marks Obtains	Division awarded and % of marks	Remarks
(i)					
(ii)					
(iii)					
(iv)					
(v)					

13 Whether any assistance received / likely to be received from S. Vaidyanath Iyer Memorial Fund or from any other source , and if so, provide details.

14 The extent of financial help sought from the Chartered Accountants Students Benevolent Fund and state reasons for the same

15 Name, membership no. and address of Principal under whom practical training is being received

I hereby declare that the particulars given above are true and complete to the best of my knowledge and belief and I have not concealed any information therefrom. I am aware that in the event of any information, if found to be false, distorted or twisted later, I will be disqualified from the receipt of any assistance from Chartered Accountants Students Benevolent Fund and would be bound to refund the amount even if received already to Chartered Accountants Students Benevolent Fund.

Yours faithfully

Signature:

Name_____

Place:_____

Date:_____

Articled Registration Number_____

Address and Mobile No/
Telephone No._____

Email Id_____

REMARKS OF THE EMPLOYER

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Address _____
Telephone No. _____
email id _____

Signature _____
Name _____
Membership No. _____

RECOMMENDATION

*Recommendation of the Central Council Member/Chairman/Vice -Chairman/Secretary of the Regional Council or Branch of the Regional Council/Ex-President/Chairman/Vice-Chairman and Member Secretary/Board of Trustees of CASBF.

"I have gone through the particulars in the application form which has been filled in completely and the particulars stated therein are prima facie correct. In my opinion, it is a deserving case and financial assistance from the Chartered Accountants' Students Benevolent Fund may be sanctioned as per the guidelines"

Telephone No. _____

Signature _____

Mobile No. _____

Name _____

Email id. _____

Membership No. _____

Place: _____

Address/Rubber Stamp _____

Date: _____

*Strike out which not applicable.