FORM 'A'
APPLICATION FOR ADMISSION AS AN ASSOCIATE MEMBER
[See Reg. 5(1)]

To,
The Secretary to the Council of
The Institute of Company Secretaries of India
'ICSI House', 22, Institutional Area, Lodi Road,
New Delhi - 110 003

Sir,

I hereby apply for admission as Associate Member of the Institute of Company Secretaries of India in accordance with the provisions contained in the Company Secretaries Act, 1980 and the Regulations made there under and declare that I am not subject to any of the disabilities stated in the Act or the regulations of the Institute. The required particulars are furnished below:

1.	Name in Full (In Block Letters)	_____ Surname Middle Name First Name
2.	Father's Name	
3.	Date of Birth*	_____ Day Month Year
4.	(i) Nationality (ii) Citizenship (iii) Domicile (Permanent place of residence)	_____ _____ _____
5.	If not an Indian citizen, whether Certificate of Indian Domicile has been obtained**	☐ Yes ☐ No
6.	Educational/Professional Qualifications	

7.	Address (In Capital Letters) (i) Professional***	Designation _____ Name of Company/Organisation _____ _____ Address _____ _____ City_____ State _____ Pin Code _____ Telephone No. _____Fax No _____ E.mail _____ Cellular No. _____ Website : _____ PAN Number : _____ UID Number : _____
	(ii) Residential	_____ _____ _____ _____ City_____ State _____ Pin Code _____ Telephone No. _____ Fax No. _____ E-mail _____
	(iii) Address for all correspondence (Please tick desired address)	☐ Professional ☐ Residential
8	(a) Registration Number as a student for Company Secretaries Examinations conducted by the Company Law Board/Dissolved Company/Institute with month & year of passing the Final examination	Regn. No. _____ Name of the body _____ Passed in (Month & Year) _____ Licentiate No. (if enrolled as Licentiate ICSI) _____

<table>
<tr><td></td><td>(b) Particulars of such other company secretaryship qualification acquired from foreign body recognised by the Central Government/the Council as being equivalent to the Institute's examination and training</td><td>(i) Name of Foreign Body _____
(ii) Student Registration No. _____
(iii) Date of Registration _____
(iv) Month, year & place from where appeared for the Final Examination of that body _____
(v) Membership number, date & place of admission
Membership No. _____
Date _____ Place _____</td></tr>
<tr><td>9</td><td colspan="2">Details of Practical experience acquired as provided under regulation 46 AB (1) or 48 of Company Secretaries Regulations, 1982 (as amended upto 1st April, 2014)
<table>
<tr><td rowspan="2">Name of the organisation, paid-up share capital/reserves, if any</td><td colspan="2">Period</td><td rowspan="2">Nature of supervisory Experience with designation</td></tr>
<tr><td>From</td><td>To</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>10</td><td colspan="2">Details of practical training undergone under regulation 50 of the Company Secretaries Regulations, 1982 under the earlier training structure applicable to the students registered for Executive Programme on or before 31st March, 2014 who did not opt for the modified training structure.
<table>
<tr><td>Name of organisation</td><td colspan="2">Period of Training</td></tr>
<tr><td></td><td>From</td><td>To</td></tr>
<tr><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>11</td><td colspan="2">Details of training undergone with specialized agency under regulation 50(b) of the Company Secretaries Regulations, 1982 under the earlier training structure applicable to the students registered for Executive Programme on or before 31st March, 2014 who did not opt for the modified training structure.
<table>
<tr><td rowspan="2">Name of Organisation</td><td colspan="2">Period of Training</td></tr>
<tr><td>From</td><td>To</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>12</td><td colspan="2">Details of total or partial exemption from training granted under regulation 46 AB (2) or 48, 51, 52 & 53
<table>
<tr><td colspan="3">Details of Exemption</td></tr>
<tr><td>Period</td><td>Regulation</td><td>Nature of Training</td></tr>
<tr><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>13</td><td colspan="2">Details of Management Skills Orientation Programme (MSOP) /(SMTP) attended :
(i) Organized by : _____
(ii) Period : From To</td></tr>
</table>

14	I hereby declare that I am/am not a permanent resident of India/resident outside India under the Foreign Exchange Management Act, 1999.
15	I hereby undertake that if admitted as an associate member of the Institute, I shall be bound by the Company Secretaries Act, 1980 and the regulations made there-under as amended from time to time and shall abide by such bye-laws, rules, standing orders, directions, conditions or guidelines as may be laid down by the Council and made applicable to me from time to time.
16	I enclose (ii) Two fitness certificates from two members having at least three years standing as members of the Institute. (iii) A demand draft/pay - in slip No. _____ dated _____ for Rs. _____**** drawn in favour of the Institute of Company Secretaries of India drawn on _____ (Bank) payable at New Delhi (iv) Specimen signature card with photograph. (v) I voluntarily submit my CSBF application form for enrolment as member of Company Secretaries Benevolent Fund with a DD/Cheque for Rs. 7,500/- drawn in favour of 'Company Secretaries Benevolent Fund' towards Life Membership fee. *Note: Please upload photo image and signature after getting ACS Membership Number.*

I solemnly declare that what I have stated above is true and correct to the best of my knowledge and belief.

Yours faithfully,

Place
Date

Signature

---

* Applicant is requested to send photocopies of certificates of his/her date of birth and degree Examination(s) attested by any member of the Institute with his signature and seal indicating his name and membership number or any office bearer or member of the Council/Regional Council/Managing Committee of the Chapter of the Institute or any Officer of the Institute of the rank of Section officer or above.

** Applicant is requested to send certificate of Indian Domicile in original alongwith Photostat copy thereof, if applicable.

*** **In case professional address is not provided, the residential address would be treated as professional address and also communication address by default and the same would be displayed on the website**

**** Rs. 1500/- Entrance Fee
Rs. 1125/- Annual Associate Membership Fee (Rs. 562.50 if admitted during October-March)
Rs. 7500/- Subscription of life membership of CSBF

Total **Rs. 10,125/-**

CERTIFICATE OF FITNESS FOR ADMISSION TO ASSOCIATE MEMBERSHIP

(Pursuant to regulation 54/46AD)

Certified that Mr./Ms. _____

who is applying for being admitted as an Associate member of "The Institute of Company Secretaries of India" and claims to have acquired necessary practical experience and undergone the prescribed practical training, is in my opinion, a fit and appropriate person to be admitted to the membership of the Institute.

Signature _____

Date : Name _____

Place : Membership No. ACS/FCS_____

CERTIFICATE OF FITNESS FOR ADMISSION TO ASSOCIATE MEMBERSHIP

(Pursuant to regulation 54/46AD)

Certified that Mr./Ms. _____

who is applying for being admitted as an Associate member of "The Institute of Company Secretaries of India" and claims to have acquired necessary practical experience and undergone the prescribed practical training, is in my opinion, a fit and appropriate person to be admitted to the membership of the Institute.

Signature _____

Date : Name _____

Place : Membership No. ACS/FCS_____

Note: Certificates of Fitness for admission to Associate Membership are to be obtained at least from two members having a standing of three years membership.

THE INSTITUTE OF Company Secretaries of India

IN PURSUIT OF PROFESSIONAL EXCELLENCE

Statutory body under an Act of Parliament

ICSI HOUSE, 22, Institutional Area, Lodi Road, New Delhi-110 003.

SPECIMEN SIGNATURE CARD

Name.....
(In capital letters)

ACS/FCS Number.....

Specimen Signatures

1. _____

2. _____

DULY SIGNED
PASSPORT SIZE
PHOTOGRAPH OF
THE APPLICANT

1. Booth No._____ Sr. No._____

2. Booth No._____ Sr. No._____

3. Booth No._____ Sr. No._____

4. Booth No._____ Sr. No._____

COMPANY SECRETARIES BENEVOLENT FUND

FORM "A"

The Secretary & Treasurer
Company Secretaries Benevolent Fund
C/o The Institute of Company Secretaries of India
`ICSI House', 22, Institutional Area, Lodi Road, New Delhi - 110 003.

Dear Sir,

I hereby apply for admission as a subscriber of the Company Secretaries Benevolent Fund. I am remitting herewith Rs.7,500 (Rupees Seven Thousand Five Hundred) towards my subscription as a Life Member. I have read the Bye-Laws of the Fund and I agree to abide by them and also by the Bye-Laws that may be made hereafter. I give below the necessary particulars:

1. Name in full :_____
2. Address for Communication :_____
   _____
   _____
3. (a) Membership No.FCS/ACS_____
   (b) Date of enrolment _____
4. Date of Birth _____
5. Name(s) of dependants and relations

Sl. No.	Name(s)	Age	Relation to subscriber
1			
2			
3			
4			
5			

Date ----------

Place----------

Yours faithfully

(Signature of the Member)

DECLARATION

I hereby advise that the contribution of Rs.7,500 made by me to the Company Secretaries Benevolent Fund should be added to the Corpus of the Fund during this year.

The requisite self health status declaration is given as per the annexure

Signature_____

Name_____

Mem. No. FCS/ACS_____

Date: _____

ANNEXURE

(Required to be lodged with Life Insurance Corporation of India under the Group Life Insurance Scheme)

Name of the Scheme : Group Life Insurance

Master Policy No. : OG1-112600

Name of the Member _____

Date of Birth_____

Occupation_____

Date of entry into the scheme _____

Are you in good health_____

Name and address of the beneficiary to whom the money should be paid, in case of unfortunate death :

Name_____

Address_____

_____

_____

I declare that above information is true and correct to the best of my knowledge.

Dated at _____the_____day of_____201_____

_____

(Signature of the Member)

FCS/ACS No._____

LM No.:_____

(to be filled up by office)