THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

REGISTRATION FORM

CERTIFICATE COURSE ON ARBITRATION

Affix recent Passport sized Photograph

1) Full Name in block letters (as per Institute records)

First Name

Middle Name

Surname

2) Gender (put √ mark)

Male ☐ Female ☐

3) Member Details:

a) Membership Number

b) Membership status (put √ mark) FCA ☐ ACA ☐

c) Member status: - (Practice/Industry/others)

d) Any other Qualifications

4) Address for Correspondence

a) **Address**

b) **City / Town**

c) PIN Code

5) Phone No. (With STD code) **Mobile:**

6) E-mail address: -

7) Details of Course fee:

DD/Cheque Number and Date:

Course Centre: ((Put √ mark)

Amount in (Rs)

Drawn on Bank

Branch

Date:

Place:

(Signature of the applicant)

Acknowledgement

We acknowledge the receipt of the Registration Form for the Certificate Course on Arbitration from CA. _____ along with the Cheque No._____for Rs._____/- (Rupees _____only).

Date: **(Receiving Officer)**