The Institute of Chartered Accountants of India
Examination Department

Date | | | 20

We acknowledge receipt of examination application form, details of which are as follows:

Name of the candidate	
Student Registration number	
Bar code No on the application form	
Examination (Please write Final/Intermediate/CPT)	
Month / Year	
Group applied	
Fee paid	

Signature of candidate

Contact No.

Seal

The Institute of Chartered Accountants of India
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