



(To be filled by the candidate in **CAPITAL LETTERS**. One character in each box leaving one box blank between two parts of the name. Put ☒ in appropriate box. Delete whichever is not applicable.)

To
The Secretary to the Council of
THE INSTITUTE OF COST AND WORKS ACCOUNTANTS OF INDIA
12, Sudder Street, Kolkata-700 016

I beg to apply for a Foundation Course Student of the Institute of Cost and Works Accountants of India. The required particulars are furnished below.

[illegible][illegible][illegible][illegible]

City:

Pin Code:				Phone: STD				Mobile No:			

4. Date of Birth (DD/MM/YYYY): Sex(M/F): Nationality :

5. Caste : General Other Backward Class Scheduled Caste Scheduled Tribe

6. Occupation : _____

University / Institute / Board	Degree	Year of Pass	% of Marks

I remit herewith a sum of Rs. 3500/- as Tuition fee (Postal students only). (Details of payment)

Demand Draft no.

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for Rs. _____

Date _____

Drawn on Bank _____

I do hereby declare that the particulars furnished above are true to the best of my knowledge and belief and should it any time be proved that the said particulars were untrue I agree to my Admission being cancelled without any obligation on the part of the Institute to refund any fee paid by me to the Institute. I also hereby undertake that if enrolled as a Registered Student of the Institute, I will be bound by the provisions of the Cost and Works Accountants Act 1959 (as amended in 2006) and the Regulations framed there under or that may hereafter from time to time be made pursuant to the said Act.

Yours faithfully

Place _____

Date _____

Signature

Instruction: Xerox copies of testimonials towards age and qualifications, duly attested by any Member of ICWAI, ICAI or ICSI/Member of Parliament/ State Legislative Assembly or a Gazetted Officer or a Principal of a College, to be attached alongwith Admission Form. Fees shall be paid through Demand Draft drawn on any scheduled Bank favouring "The Institute of Cost and Works Accountants of India" payable at Kolkata only. The application form is to be submitted to the respective **Regional Council only**.

FOR OFFICE USE ONLY

Foundation :

- 1) Coaching Completion Certificate No.: _____
- 2) Coaching Completion Certificate date : _____
- 3) Postal / Oral : _____
- 4) Name of the Region : _____
- 5) Signature of the issuing Authority with date and seal : _____