



The Institute of Chartered Accountants of India
Six Weeks' Residential Programme on Professional Skills
Development
Registration Form

Photograph

Name: _____

Sex: Male

 Female

Registration Number: _____

Address: _____

Telephone Number with STD _____ Mobile Number _____

E-Mail Address _____

Date of joining articleship _____

Date of completion of articleship (Estimated): _____

Name of the Principal _____ Membership Number _____

Consent of the Principal for the course

The student is permitted to attend the programme

Signature and Stamp of the Principal

Name and Address of the firm _____

Details of Marks secured in the Institute's examinations

Course <i>(Each group should be separately entered. Give details of equivalent ICAI examinations, if required)</i>	Month and year	Marks secured (Do not write percentages)	Rank awarded (if any)
Professional Education Course- I			
Professional Education Course- II – Group - 1			
Professional Education Course- II – Group – 2			
Final Examination – Group 1			
Final Examination – Group 2			

Final Examination Pass

Yes

No

If Yes, Roll No:

Marks obtained:

Have you applied for earlier batches of Three months residential Programme on Professional Skills Development. Yes No

If yes, Date:

Extra Curricular Activities

Date

Place :

Signature

Take a print and fill the form in block letters, sign it, get consent from the Principal and send it to Shri Dr. N.N. Sengupta , Assistant Director, ICAI Bhawan , A-94/4, Sector-58, Noida 201 301 along with the Demand Draft.