Bikaner Branch of Central India Regional Council

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

(Set up by an Act of Parliament}

APPLICATION FORM

Sh. Manak Chand-Ichraj Devi Parakh Scholarship to needy CA Students

1	NAME	
2	FATHER'S NAME	
3	STUDENT REGISTRATION NO.	
4	DATE OF REGISTRATION	
5	PERMANENT ADDRESS	
6	TELEPHONE NO. WITH STD CODE	
7	MOBILE NO.	
8	EMAIL	
9	NAME, ADDRESS AND CONTACT NO. OF PRINCIPAL (IF APPLICABLE)	
10	TO BE APPEAR IN WHICH EXAM	CPT……..Month……..…Year……. PCC……..Month……..Year……. IPCC…….Month……..…Year……. FINAL…… ……..Month…….Year…….
11	ANNUAL INCOME OF FAIMILY	
12	SIGNATURE	

VERIFICATION - I verify that all details mentioned above are true.

Signature of Student…….Name of Student……

VERIFICATION - I verify that all details mentioned above are true.

Signature of Chartered Accountant…….……..Seal……..….

Name of Chartered Accountant…….M.No…….

Contact No……Address……..…….