



**THE INSTITUTE OF
Company Secretaries of India**
IN PURSUIT OF PROFESSIONAL EXCELLENCE
Statutory body under an Act of Parliament

**CENTRE FOR
CORPORATE
GOVERNANCE,
RESEARCH &
TRAINING (CCGRT)**

Announces!!!
Next RMSOP Batch

**ICSI - Centre for Corporate Governance, Research & Training (CCGRT) is organizing its next RMSOP from
Sunday October 07 – Monday October 22, 2012**

All the final passed candidates from anywhere in India and having completed TOP/ EDP and Management Training or been exempted from training are eligible to attend.

**For details and registration interested students may email to the Program Co-ordinator R-MSOP, ICSI-CCGRT,
Plot No. 101, Sector – 15, Institutional Area, CBD Belapur, Navi Mumbai - 400 614.**

Registration form is also attached.

☎ (022) 4102 1515 / (022) 27577814 Fax : (022) 2757 4384, Email : icsiccgrrt@gmail.com / ccgrrt@icsi.edu

ICSI-CCGRT : Plot No. 101, Sector -15, Institutional Area, CBD Belapur, Navi Mumbai – 400 614
☎ 022 - 2757 7814-15, 4102 1515, fax 022 - 2757 4384 e-mail icsiccgrrt@gmail.com website <http://ccgrrt.icsi.edu>



**Registration Form for
Residential Management Skills Orientation Program (MSOP)
(Sunday October 07, 2012 to Monday October 22, 2012)**

Venue: ICSI-CCGRT, Plot No. 101, Sector 15, Institutional Area, CBD Belapur, Navi Mumbai – 400 614

PERSONAL DETAILS:

Name : _____

Age : _____ years Qualifications : _____

Experience (Other than Management training) : _____ years

Address for correspondence: _____

Affix your
recent passport
colour
photograph
here
(Do not staple)

City _____ State _____ Pin: _____

STD Code

Telephone Number

Telephone No. (Res.) : _____

Telephone No. (Off.) : _____

Mobile : _____

Email ID : _____

Name & Telephone No. of Parent / Guardian _____

PROFESSIONAL DETAILS :

ICSI Student Registration No. _____

Date of completion of TOP / EDP: _____

No of months of practical training completed _____ /Ref. No. of exemption, if any _____

FEE DETAILS :

(DD amounting ₹ 18,000/- has to be drawn in favour of "ICSI-CCGRT A/c". payable at Mumbai)

DD No. _____ Date of issue _____

Name of Bank _____ Place of issue _____

- Checklist**
1. Bank Draft/ local cheque of ₹ 18,000/- (Residential)
 2. Photocopy of Final Pass Mark Sheet / Passing Certificate
 3. Photocopy of Management Training Completion Certificate Or 3. Photocopy of Exemption Certificate
 4. Photocopy of TOP Completion Certificate

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Signature _____

Date _____

The duly filled Registration form along with supporting documents and prescribed fees may be sent to **Shri Gopal Chalam, Dean, ICSI-CCGRT, Plot No. 101, Sector 15, Institutional Area, CBD Belapur, Navi Mumbai – 400 614.**

For clarifications please contact us at ☎ 022 – 41021504 / 27577814/15 Fax : 022 – 27574384 or

e-mail us at icsiccgrrt@gmail.com

Confirmation of your registration will be sent to you through e-mail within 7 days of receipt of your completed application along with fees.

For Office use only

Receipt No. _____

Date : _____