Form "2"

[See Regulation 5(i)(a)]

The Institute of Chartered Accountants of India

Form of Application for entry in the Register

To,

The Secretary
The Institute of Chartered Accountants of India

Space for Official Stamp

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Dear Sir,

I beg to apply that my name be entered in the Register. I hereby declare that I am not subject to any of the disabilities stated in Section 8 of the Chartered Accountants Act, 1949. The required particulars are furnished below: -

1. Name in Full (Block Letters)

First Name :

Middle Name :

Last Name

2. Father's Name:

3.* Date of Birth : ☐☐—☐☐—☐☐☐☐ **4. Nationality:** a. Indian ◯ b. Others ◯

5. Educational Qualification:**

Examination	Board/ Authority	Year	Result		
			Marks Obtained	Max Marks	Awaited
X					
XII					
Degree ☐☐☐☐					◯ Yes
Others ☐☐☐☐					◯ Yes

* Applicants are requested to produce evidence of their age.

** Original diplomas/Certificates and/or other documents, or attested copies thereof, in support of qualification must be sent with the application.

6. The year and month with Roll Number(s) in which the applicant passed the various Groups of the Final Examination

Month		Year	Roll No.	Group
May ◯	Nov ◯			1 ◯
May ◯	Nov ◯			2 ◯
May ◯	Nov ◯			Both ◯

7a. The name of the Chartered Accountant(s) in practice or the firm of Chartered Accountants in practice under whom the applicant served as an Articled Assistant / Audit Assistant. The period of service together with the dates of commencements and termination may be indicated

Sr.No.	Name of Member/Firm	Member/Firm No.	From Date / To Date
1			— —
2			— —
3			— —

7b. Articles / Audit Registration No.

7c. Details of such other practical training which has been recognized by the Council as equivalent to practical training under the Chartered Accountants Regulations

Name of approved organisation

From: — — To: — —

8. Period of Residence in India Years: Months: Days:

9. If not an Indian citizen, please state whether Certificate of Indian Domicile has been obtained:

Yes ◯ No ◯

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10. Residential Address:

City State Code

Pin Phone No. with STD Code /

Country:

Email id

Mobile No.

11(a) Professional Address(es) (if different from 10) Same As in Column 10 above ○ Yes ○ No

City

State Code Pin

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Phone No. with STD Code /

Country:

Email id

Mobile No.

Fax with STD Code /

(b) Principal place of business

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11(c) Other Places of Business, if any:

12. Whether the applicant is incharge of the place or places mentioned at 11 above? If not the name(s) and membership number(s) of the member(s) of the Institute who is/are incharge of that those place(s) and his/their address(es).

Yes ◯ No ◯

Membership No.	Name	Address

13. If the applicant is a paid assistant to a Chartered Accountant in practice or in a firm of such Chartered Accountants, name of the Chartered Accountant in practice or the firm and from which date.

MRN/FRN	Name of Member/Firm	Date
		– –

14. If the applicant holds a salaried employment other than that covered by 13 above, full particulars thereof

Date of joining – –

Designation

Name of Employer

Address

City

State Code

Pin

15. Whether the applicant intends to practise as Chartered Accountant under the Chartered Accountants Act, 1949.

Yes ◯ No ◯

16. Whether the applicant intends to continue the engagement at 13 or 14 above in addition to practice.

Yes ◯ No ◯

17. Whether the applicant is engaged in any other business or occupation not covered by 13 or 14 above, if so, full particulars thereof

Yes ◯ No ◯

Date from which engaged

Designation

Name of concern/company

18. Whether the applicant was at any time debarred from practising as an accountant and if so, the reason and period of suspension No ◯ Yes ◯

Reason : Period : dd mm yy

19. If the applicant wishes to practise in a 'trade or firm name' particulars of the trade or firm name, as the case may be, with alternatives in the order of preference

1.

2.

3.

4.

20. If the applicant had taken any loan scholarship from the Institute, the total amount of loan scholarship received, the amount paid off and the balance outstanding.

No ◯ Yes ◯

Total Amount Amount Paid Balance Amount

2. I hereby undertake that if my name is entered in the Register, I shall be bound by the provisions of the Chartered Accountants Act, 1949 and the Regulations framed thereunder or that may hereafter from time to time be made pursuant to the said Act.

3. (i) I also send herewith a sum of Rs. 1,600/- being my entrance fee of Rs. 1000/- and annual membership fee of Rs. 600/- for the year ☐☐☐☐ - ☐☐☐☐

(ii) A sum of Rs. 1,600/- is also forwarded for the annual Certificate of Practice for the period ending 30th June ☐☐☐☐

Yours faithfully

(Within the frame oly)

Signature

Place ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date ☐☐—☐☐—☐☐☐☐

Members applying for enrolments w.e.f 1st April,2008 are requested to pay the remittance.

Entrance Fee	1,000/-	◯
Associate Membership fees	600/-	◯
Certificate of Practice Fee (If the candidate intends to hold COP)	1,600/-	◯
TOTAL	3,200/-	◯

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Life membership of Chartered Accountant's Benevolent Fund

I hereby also apply for Life Membership of Chartered Accountants Benevolent Fund. Application in the appropriate form is sent herewith.

I also send herewith Rs. 1,000/- towards the subscription of Life Membership of the"C.A.B.F."

Please affix Recent Coloured Photograph

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(Within the frame only)
(With Black Gel Pen Only)
Signature (Old)

(Within the frame only)
(With Black Gel Pen Only)
Signature (Current)

Details of Total Remittance w.e.f 1-4-2008		
	Member in Practice	**Member not in Practice**
Entrance Fee	Rs. 1,000/-	Rs. 1,000/-
Annual Membership Fee	Rs. 600/-	Rs. 600/-
Certificate of Practice Fee (if intends to hold)	Rs. 1,600/-	
C.A.B.F. Life Membership Fee (voluntary)	Rs. 1,000/-	Rs. 1,000/-
Total	Rs. 4,200/-	Rs. 2,600/-

Local Cheque / Pay Order/ Demand Draft No.

Drawn on Name of the bank

Dated __ __ — __ __ — __ __ __ __ **for** Rs 2,600/- ◯ Rs 4,200/- ◯

Coloured Photo Graph To Be pasted	Coloured Photo Graph To Be stappled
*(With in the frame)	*(With in the frame)

Signature :

With Jet Black Pen

- **Signature outside/overlapping the fame will be not be accepted**.
- Signature may be put as per Specimen given

The members are also requested to past e one photograph on the left side corner and to staple the other photograph on the right side top corner of this form.

Issue of Identity Card

It has been decided that all members of the Institute would be provided with an identity card. Members are therefore, requested to send two coloured photographs of passport size mentioning their name and membership number on the reverse of the photograph alongwith the following details:-

Name :_____

Membership No. :_____

Date of Birth :_____

Blood Group :

Professional address:

Phone No. : Office_____ Resi:_____

E-mail_____

Members are requested to submit the above information to the Respective Decentralised offices under whose territorial jurisdiction their professional address falls