

[See Regulation 5(i)(a)]

Form of Application for entry in the Register

The Secretary
The Institute of Chartered Accountants of India

Space for Official Stamp



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: -

First Name :

[illegible]

Middle Name :

[illegible]

Last Name

[illegible]

2. Father's Name:

[illegible]

3.* Date of Birth :

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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

**** 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 ☐



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

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

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

State Code **Pin**



Phone No. with STD Code /

Country:

[illegible]

	Mobile No.	
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[illegible]

(b) Principal place of business

[illegible]

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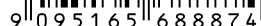
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Signature

[illegible]

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TOTAL 3,200/- ○



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**



(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

*(With in the frame)

Coloured
Photo
Graph
To
Be
stapped

*(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