# THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

## REGISTRATION FORM

### CERTIFICATE COURSE ON ARBITRATION

Affix recent Passport sized Photograph

**1) Full Name in block letters (as per Institute records)**

First Name

Middle Name

Surname

**2) Gender** (put □ mark)

Male □ Female □

**3) Member Details:**

a) Membership Number

b) Membership status (put □ mark) FCA □ ACA □

c) Member status: - (Practice/Industry/others)

d) Any other Qualifications

**4) Address for Correspondence**

a) Address

b) City / Town

c) PIN Code

**5) Phone No. (With STD code)** **Mobile:**

**6) E-mail address: -**

**7) Details of Course fee:**

**Cheque Number:** **Date:**

**Amount in (Rs)**

**Drawn on Bank**

**Branch**

**Date:**

**Place:**

**(Signature of the applicant)**

**Notes:**

1. Fee Structure:

| | |
|---|---|
| Residential participants | Rs. 25,000/-(includes food, lodging and course materials) |
| Non-residential participants | Rs. 20,000/-(includes breakfast, tea, lunch and course materials) |

**2. The Cheque may be drawn in favour of "The Secretary, The Institute of Chartered Accountants of India", payable at New Delhi.**

3. Duration of the course: 40 hours spread over 6 days.

4. Dates: New Delhi -1-6th November 2008.
Mumbai*-15-20th November 2008
*** (In Mumbai, the course is available on non-residential basis only)**

5. Registration will be on first come first served basis.