



REGISTRATION FORM

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA CERTIFICATE COURSE ON DERIVATIVES

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

First Name CA.

Middle Name

Surname

Affix recent
passport sized
photograph

2) Gender (put ✓ mark)

Male ☐ Female ☐

3) Member Details

- a) Membership Number _____
b) Membership status (put ✓ mark) ACA ☐ FCA ☐
c) Member status _____ Practice/Industry/others
d) Any other Qualifications _____

4) Address for Correspondence

- a) Door Number _____
b) Street / Road _____
c) Area _____
e) City / Town _____ PIN code _____
f) State _____

5) Centre New Delhi

6) Phone No.

Landline No. (with STD code) _____ Mobile No. _____

7) E-mail address _____

8) Details of Course fees

- a) On Line Payment Yes/No _____
b) Bank Draft/Pay order No. _____ Dated: _____
Amount in Rs. _____
Drawn on Bank _____
Branch _____

Date :

Place:

(Signature of the applicant)

Notes:

1. Fees Structure: Rs. 25,000/- per member (including lunch, tea, snacks etc.) for the complete course.
2. In case the payment is through D.D./Pay Order, it should be drawn in the favour of "The Secretary, The Institute of Chartered Accountants of India", payable at New Delhi.
3. Enclose Two Passport Sized photographs.
4. Enclose self attested photocopy of the Institute I-card or Membership letter or Membership Certificate
5. Whether the payment is online or through D.D., the applicant is required to submit a hard copy of the application form to the Secretary, Committee on Financial Markets and Investors' Protection, The Institute of Chartered Accountants of India, ICAI Bhawan, A-94/4, Sector 58, Noida - 201301. The last date of Registration is 31st October 2008.

Acknowledgement (for office use only)

We acknowledge the receipt of the Registration Form for the Certificate Course on Derivatives from CA. _____ on ____/____/2008 alongwith the Demand Draft/Pay Order no. _____ for Rupees. _____

Date :

Place :

CA. Rohit Kumar (Nodal Officer)