Batch No. _____   Date _____   Venue _____

BOARD OF STUDIES

APPLICATION FORM FOR REGISTRATION THE COURSE ON GENERAL MANAGEMENT & COMMUNICATION SKILLS

1. Name of the Student   Reg. No.

First Name	Middle Name	Surname

Maiden Name [   ]

(In case of married female students)

Affix recent Passport size Photograph

2. Sex (Please Tick)   [ ] MALE   [ ] FEMALE

3. Date of Birth   [   ] [   ] [   ]
                      Day   Month   Year

4. Father's Name [   ]

5. Permanant Address [   ]

[   ]

City	Pin

Address for Communication [   ]

[   ]

City	Pin

Telephone No.: [   ]

6. Details of Practical Training Completed
   (Use additional sheets, If necessary & attach supporting documents)

(i) Name & Address of the Principal [   ]

[   ]

City	Pin

(ii) Date of Commencement of Practical Training [   ]

(iii) Date of Completion of Practical Training [   ]

7. Details of Final Examination Passed / Appeared

(i) Group I

Roll No.	Month	Year	Result

(ii) Group II

Roll No.	Month	Year	Result

8. Details of Fee

Bank Draft / Pay Order No. [ ] Date [ ] Rs. [ ]

Drawn on Bank [ ] Branch [ ]

I declare that the particulars given above are true and correct to the best of my knowledge and belief

Date [ ]

Signature of the Applicant

Place [ ] Name [ ]

FOR OFFICE USE ONLY

Checked and verified that the application is complete in all respect with supporting documents.

Dealing Assistant   Officer-in-charge

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

(TO be filled - in by the applicant)   Si. No. [ ]

Received an application for registration to the Course On General Management & Communication Skills along with Demand Draft / Pay order

No. [ ]   for Rs. (in words) [ ]

drawn on (Bank) [ ]

from Mr./ Mrs. [ ]

Date [ ]

Place [ ]

Signature, Name & Designation
with seal of receiving office