



**Registration Form for
17th Residential Management Skills Orientation Program (R-MSOP)
(Wednesday, January 16, 2013 to Thursday, January 31, 2013)**

Venue: ICSI-CCGRT, Plot No. 101, Sector 15, Institutional Area, CBD Belapur, Navi Mumbai – 400 614

PERSONAL DETAILS:

Name : _____

Age : _____ years Qualifications : _____

Experience (Other than Management training) : _____ years

Address for correspondence: _____

Affix your
recent passport
colour
photograph
here
(Do not staple)

City _____ State _____ Pin: _____

STD Code

Telephone Number

Telephone No. (Res.) : _____

Telephone No. (Off.) : _____

Mobile : _____

Email ID : _____

Name & Telephone No. of Parent / Guardian _____

PROFESSIONAL DETAILS :

ICSI Student Registration No. _____

Date of completion of TOP / EDP : _____

No of months of practical training completed _____ / Ref. No. of exemption, if any _____

FEE DETAILS:

(The DD amounting ₹ 18,000/- has to be drawn in favour of “**ICSI-CCGRT A/c**” payable at Mumbai.)

DD No. _____ Date of issue _____

Name of Bank _____ Place of issue _____

Checklist

1. Bank Draft/ local cheque of ₹ 18,000/-
2. Photocopy of Final Pass Mark Sheet / Passing Certificate
3. Photocopy of Management Training Completion Certificate Or Photocopy of Exemption Certificate
4. Photocopy of TOP/ EDP Completion Certificate

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Signature _____

Date _____

The duly filled Registration form along with supporting documents and prescribed fees may be sent to **Shri Gopal Chalam, Dean, ICSI-CCGRT, Plot No. 101, Sector 15, Institutional Area, CBD Belapur, Navi Mumbai – 400 614.**

For clarifications please contact us at ☎ 022 – 41021504 / 27577814/15 Fax : 022 – 27574384 or

e-mail us at icsiccgrrt@gmail.com

Confirmation of your registration will be sent to you through e-mail within 7 days of receipt of your completed application along with fees.

For Office use only

Receipt No. _____

Date : _____