



THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

(Statutory body under an Act of Parliament)

REGISTRATION FORM

Two days Seminar on

RISK BASED INTERNAL AUDIT OF BANKS

26-27 April 2012, Hyderabad

1. Detail of Nominations :

S.No.	Name	Designation	Name & Address of the Bank	Membership No. (If CMA)

(Please attach sheet if required)

2. Correspondence Address : _____

3. Telephone No. (with STD/ISD Code) : _____

4. Fax (with STD/ISD Code) : _____

5. Mobile No : _____ **Email :** _____

Participation Fee:

Rs. 6000/- (plus Service Tax @10.3%) for Bank Officers and other interested professional.

Payment Details:

Local Cheque / Demand Draft no. _____ dated _____ for Rs. _____ in favour of 'The Institute of Cost and Works Accountants of India' payable at New Delhi towards participation fee; OR

if by ECS, details of ECS Payment: _____

(Note: In case of bank/company sponsored candidates, signature of nominating authority with designation and bank/company seal)

SIGNATURE