APPLICATION FORM FOR THE POST OF CHARTERED ACCOUNTANT PERSONAL DETAILS NAME (in full and BLOCK LETTERS) Please paste a recent colour Father's Name passport size photograph Mother's Name Date of Gender Birth Age as on Languages Known 01.09.2022 PAN No. Aadhar No. Nationality **Address for Communication** House No. / Flat No. Street Nearest Rly. Station Post office Pincode State District Mobile No. Email ID **Education Qualification (From Graduate Level onwards)** Specialization Year of Name of the % of Course Board / University (if Applicable) passing Institute Marks Graduation **Post- Graduation** Any Other Qualification ICAI (Institute of Chartered Accountants of India) membership details, Certificate No. & Date of admission

Post (Qualification 1	Experience (Attac	ch Self attested doc	umentary Pro	oof)			
Sl. No.	Name of the Organization	Nature of the Organisation		Grade /	Pay Level/	Period		
		Whether Central PSU/State PSU/Listed company	Whether Organisation belongs to Manufacturing Sector (YES/NO)	Designation held in organisation	Basic Pay per month	From	То	Duration
	Total duration of experience							
Detai	lls of Compute	er/IT Skills:						
2. The menting be ended as Sellin case 4. If so two colors and the because of the selling and	ease sign across e candidate is r ioned. Incomple tertained in this if-attested photo se of Governme space becomes e candidates we opies (self attest est of my know dature for the p	required to fill up a ete and improperly s respect. cocopies of all the dent Employee, plea a constraint, the intould be required to sted) at the time of		wherever no into one are liable to in the notificating with the appetrached in a separation are that the above tion as furnished any stage of the one of the control of the	formation is to be rejected. Note tion should be plication form parate sheet as above mention we Information and above is for the selection pro-	et attached s per the proposed docur as furnish und to be in occess.	with the ap escribed for ments in ori and by me is noorrect, m	ence will oplication. rmat. iginal plus s true to
	and also I have nization(s).	not been dismissed	d or removed or con	apulsorily retir		rvices of n	ny previous	3
Place	:		Date:		Signature of the applicant			