



The Institute of Cost Accountants of India

(Statutory body under an Act of Parliament)

CMA Bhawan, 12 SUDDER STREET, KOLKATA-700016
www.icmai.in

FORM OF ENROLMENT FOR THE FINAL COURSE OF ICAI

To
The Secretary to the Council of
THE INSTITUTE OF COST ACCOUNTANTS OF INDIA
CMA Bhawan, 12, Sudder Street, Kolkata - 700 016



APPLICATION NO. 94003803453
REGISTRATION NO. 04182040048

Sir/Madam,

I wish to enroll as a student of the Institute of Cost Accountants of India. The required particulars are furnished below:

1. Name : (As per SSC/Class X Certified) : [**MALE**] CMA Support Centre / RC /Chapter Name/Code : NORTHERN INDIA REGIONAL COUNCIL/15

First Name :	KAUSHIK
Middle Name :	KUMAR
Surname	SINGH

2. Father/Husband Name :

LAL BABOO SINGH

3.

Religion	Caste (SC/ST/OBC/General)	Physically Handicaped (Yes or No)	If yes, Disability %	Name of Government Hospital/Authority with date of Certificate issue
HINDU	OBC	NO		

4. Contact Details :

e-mail id	kaushiksingh5888@gmail.com
Telephone (STD Code and Number)	
Mobile	9911105066

5. (a)Address :

MP-78 ,PATELNAGAR MUGHALSARAI
CHANDAULI

(b) State : UTTAR PRADESH	(c) City : CHANDAULI	(d) Pin Code : 232101
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6. Academic qualification :

Qualification	Discipline	Board/Council/University	Year of Passing	Marks(%)
CLASS XII				
DOCTORAL				
GRADUATE				
POST-GRADUATE				

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7. Professional Qualification :

Name Of Examination	Institution	Year of Passing	Roll Number	Membership No
ICSI				
CIMA				
CA				
ACCA				

8. ICAI Intermediate Pass Details:

Group	Term	Year	Roll Number	Marks Obtained	Rank (if any)
Group I	june	2019	138068	200	
Group II	december	2020	460872	222	

9. Mode of Coaching Opted : [Oral/Postal/e-Learning] POSTAL

10. (a) Payment Details : Payment Mode : NetBanking

(b) Bank reference :(to facilitate refund of fees, wherever applicable)

(i)	Date of Payment	13-01-2022	(i)	Bank Account Number
(ii)	Name of the Bank		(ii)	Name of Account Holder/(S)
(iii)	Name of Branch		(iii)	IFSC Number
(iv)	Transaction No.	76332358	(iv)	Name of Bank
(v)	Amount of Fees Paid	(₹) 25000	(v)	Name of Branch

I hereby declare that the particulars furnished above are true and correct and if at any time it is found that the said particulars are incorrect/ false, I agree to my enrolment being cancelled without any obligation on the part of the Institute to refund any fee paid by me to the Institute. I also hereby undertake that if enrolled for pursuing Final course of the Institute. I shall be bound by the provision of the Cost and Works Accountants Act, 1959 CWA (Amendment) Act, 2006 and CWA (Amendment) Act, 2011 and the Regulations framed thereunder and any amendments that may be made from time to time.

Place :

Date : 04-10-2021

Signature :

* Institute refers to The Institute of Cost Accountants of India

N.B. : Legal disputes, if any arising in relation to Directorate of Studies, shall be settled within the jurisdiction of Hon'ble High Court, Kolkata.

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