

S. No.

REGISTRATION FORM

Post Qualification Course in International Trade Laws and WTO



The Institute of
Chartered Accountants of India

Paste passport
size photograph

Please fill the form in CAPITAL letters only.
Name and other details must confirm to Institute records.

Registration No.
(to be allotted by the Institute)

1. Personal Details

Title Mr. Ms.

Name (as appearing in the CA Certificate) _____

Date of Birth Date _____ Month _____ Year _____

Father's Name _____

Nationality _____

2. Membership Details

ICAI Membership Number _____

Member Status Practice Industry Others Govt. PSU

3. Educational Qualification

Educational Qualification other than CA _____

Other Post Qualification Courses of ICAI (done/ being pursued) _____

4. Address for Communication

Door Number _____

Street/Road _____

Area _____

City/Town _____ PIN Code _____

State _____ Country _____

5. Contact Information

Telephone (indicate STD code) Office _____ Residence _____

Fax (indicate STD code) Office _____ Residence _____

Mobile _____

E-mail ID Official _____ Personal _____

Your preferred mode of contact Telephone R FAX R E-mail R

6. Details of experience since qualification

Industry (No. of years) _____ Practice (No. of years) _____

Govt. _____ PSU _____

Others, please specify _____
