



Internal Audit Standards Board

The Institute of Chartered Accountants of India

REGISTRATION FORM

Certificate Course on Concurrent Audit of Banks

1. Full Name in Block Letters _____

2. Gender (put ✓ mark): Male Female

3. Date of Birth : _____

4. Professional Details:

a. Designation : _____

b. Organisation : _____

c. Address : _____

d. Nature of Duties : _____

Affix recent passport size photograph

5. Member Details:

a. Membership Number: _____

b. Membership status (put ✓ mark) FCA _____ ACA _____

c. Any other Qualifications _____

6. Phone No.: _____ Mobile: _____

ACKNOWLEDGEMENT

(for office use only)

We acknowledge the receipt of the Registration Form for the Certificate Course on Concurrent Audit of Banks from Mr./ Mson...../...../2016 along with the Demand Draft/Pay Order/Cheque No.....for Rupees.....

Date :
Place :

Nodal Officer

7. E-mail address :

8. Details of Course Fees:

D.D./Pay Order/Cheque No. _____ Dated _____

Amount in (Rs.) : _____

Drawn on Bank : _____

Branch : _____

Notes:

1. Limited Seats, registration will be on first come-first serve basis.

2. Fee Structure: Fees without Accommodation w.e.f July 1, 2016:

For Members of ICAI (other than Young Members)		For Young Members* of ICAI (kindly sign declaration for fees concession)	
Metro Cities	Rs. 15,000 per participant	Metro Cities	Rs. 12,000 per participant
Non-Metro Cities	Rs. 12,500 per participant	Non-Metro Cities	Rs. 10,000 per participant

Cheque/ DD for fee should be drawn in favor of Secretary, ICAI, payable at Delhi and should be sent to respective branch. Please mention your name, membership no and mobile no on the back of the Cheque/ DD.

* Chartered Accountant up to the age of 30 years on 1st January of every calendar year will be considered as Young Member i.e. Members born on or after 1.1.1986 will be considered as young member for calendar year 2016.

3. Enclose Self Attested Photocopy of the Institute I-Card or Membership Letter or Membership Certificate.

ONLY FOR YOUNG MEMBERS OF THE ICAI

DECLARATION

I, Membership Number..... hereby declare that I am eligible to pay registration fees of Rs. 12,000/ Rs. 10,000 for the Certificate Course on Concurrent Audit of Banks as per the applicable guidelines of the Institute for the Young Members of the ICAI.

Date:

Place:

(Signature of the Participant)

Note: In case of wrong declaration given by member, it would be treated as professional misconduct and strict action would be taken against him/her.