



**KANNUR BRANCH OF SIRC OF
THE INSTITUTE OF CHARTERED
ACCOUNTANTS OF INDIA**

To be filled by the office

App . No.Received Rs.....

Receipt No..... Dated.....

**BOARD OF STUDIES
APPLICATION FORM FOR THE COURSE ON ADVANCED I T T**

1. Name of the student in Block Letters

2. Sex : Male Female

3. Date of Birth :

4. Father's Name :

5. Address for Communication :

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CITY.....PIN.....Ph Resi :

Mob :..... Email :.....

6. Registration no. of the Student (Attach copy of Reg. letter) :.....

7. Details of IPCC/Final Examination appeared/passed :

Group I :

Roll No Month Year Result

Group II :

Roll No Month Year Result

8. Details of Practical Training (attach supporting documents)

i. Date of commencement of practical training :

ii. Date of completion of practical training :

iii. Name of the principal :

iv. Address of the principal :.....

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City.....PIN.....Ph:.....

12. Direct entry CPT Route

13. Blood Group :

14. Details of fee paid : *(Draft or pay order should be drawn in favour of " Kannur Branch of SIRC of ICAI" payable at Kannur)*

Bank Draft/Pay order No. Date Amount

Drawn on Bank Branch

I declare that the particulars given above are true and correct to the best of my knowledge and belief. I undertake to abide by all the rules and regulations of the Kannur branch of ICAI as may be in force from time to time during the period I am undergoing course.

Date :

Place :

Signature of the Applicant

FOR OFFICE USE ONLY

Checked and verified that the application is complete in all respect with supporting documents

Officer -in-charge