FORM: S-1

SCOMMANDS OF MAN

THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

12, SUDDER STREET, KOLKATA -700016

APPLICATION FORM FOR ADMISSION TO FOUNDATION COURSE

Photo (Paste/Upload Photo in Browse Mode)

То																											
The Secretary to the Council of THE INSTITUTE OF COST ACCOUNTANTS OF INDIA 12, Sudder Street, Kolkata - 700016										IDENTIFICATION NUMBER																	
Sir/Ma	dam.										•	•	•				•	•					•				
		s a stud	lent to pu	rsue the	Founda	tion Cou	irse of	the Inst	itute o	f Cost A	Accounta	ants of I	ndia. Th	ne requi	red pai	rticulars	are fu	rnished	l below	:							
										_					·												
1.	Name : (As per	SSC/Clas	s X Cer	rtificate)	Se	elect :	Male:)	Fem	ale :															
First	name																										
Midd	le name																										
Surn	ame																										
2.	Father's	Name :														•											
				1																1							
3.	Mother's	Maiden	Name :																								
4.	Husband	's Name	e: (appli	cable fo	or marrie	ed femal	le cand	didates	only)																		
									ĺ																		
		1		1	1															1							<u> </u>
5.	(a) Date o	of Birth	: (Date/M	lonth/Ye	ear) [e.g.	. dd/mm	/yyyy <u>]</u>	:				(b)	Nationa	ality						7							
											_																
6. (a) Religion :									(b) (Caste :				[SC/ST/OBC/General]													
(c) Physically Handicapped : Yes					No	o [] [If	Yes, m	ention	() % (of disab	ability as per latest Certificate from Government Hospital]											

(b) State :								(c) City: (d) Pin Code:																		
8. Contact Details :																										
e-mail	e-mail id																									
Teleph	ephone (STD Code and Number)																									
Mobile																										
9. Ad	9. Academic Qualification :																									
Qualifi	cation			Discipline							Во	Board/University						Year of Pass			% of Marks					
Class X	Class X/SSC																									
Class XII																										
10. Mode of Coaching Opted : [Select : Oral/Postal/e-learning						gl																				
11. (a) Payment Details : (b) Bank Reference : (to facilitate refund of fees, wherever applicable)																										
(i)	Demand Draft Number											В	Bank Account Number													
(ii)	(ii) Demand Draft Date											(ii)	N	ame of A	ame of Account Holder/(s)											
(iii) Name of Issuing Bank										(iii)	IF	IFSC Number														
(iv) Name of Issuing Branch										(iv)	N	Name of Bank														
(v)	(v) Fees Paid for :									(v) Name of Branch																
Tuition fees (including Study Materials)																										
I hereby	declare	that the	particula	rs furnis	hed abov	ve are tr	ue and c	correct a	nd if at a	nv time	it is four	nd that	he said	particular	s are inc	correct/fa	ılse. I ad	ree to m	ıv enrolm	nent beir	na cance	led with	out anv	obliga	tion 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 Foundation 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:

7. (a) Address:

Date: Signature:

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.

THE INSTITUTE OF COST ACCOUNTANTS OF INDIA



IDENTITY CARD

THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

12, SUDDER STREET, KOLKATA -700016 (FOR FOUNDATION STUDENT)

Name: .	
Address:	
City .	PIN
Identificat	ion No
Signature	of Student:

STUDENT'S PHOTOGRAPH
SHOULD BE ATTESTED BY
ACMA OF FCMA OF ACA OF
FCA OF ACS OF FCS OF
ANY MEMBER OF
PARLIAMENT/STATE
LEGISLATIVE ASSEMBLY
OR A GAZETTED OFFICER
OR A PRINCIPAL OF
A COLLEGE AND
PASTED IN THIS SPACE

Signature & Seal of issuing authority

Student must carry this card at the Examination Hall and produce on demand.