## The Institute of Cost Accountants of India

## **BANGALORE CHAPTER**

TELEPHONE No.: 7337829779; Email: <a href="mailto:bangalore@icmai.in">bangalore@icmai.in</a> (Please fill the Particulars Clearly in Bold Letters)

	APPLICATI	ON FOR ADMISSION TO INTERMEDIATE COURSE – ORAL
Gender	1	Male / Female
Name of the St	udent	
Father's / Husl	band's Name	
Mother's Nam	e	
Date of Birth		Date ( ) Month ( ) Year ( )
Nationality & Religion		INDIAN - HINDU / CHRISTIAN / ISLAM /
Caste		SC / ST / OBC / General (Tick the appropriate one)
Address for Correspondence (in full with Door No. / Cross / Main / Locality, etc.		
State and City		
PIN Code		
E-Mail ID (Wr Mobile No. (W Telephone /	rite in Bold Letters) rite clearly)	
Occupation		Student / Employed / Ex-Servicemen
Name of the Bank Bank Transaction No. & Date		IDBI / PNB
Educational Qualification in relation to the Course (Degree/CMA Foundation)		
	niversity/ICMAI	
Year of Passing the Degree OR Foundation Course. Please indicate the Percentage of Marks & also Foundation Regn.No.also.		
regiii (olaisoi		1 <sup>st</sup> Preference:
Coaching Centre preferred		2 <sup>nd</sup> Preference:
		 for the students in the Coaching Centre of their choice, the Chapter reserves the right to change tl
	entre in the order of preference.	
	(	Note: All disputes subject to Bangalore Jurisdiction)
said particular	es are incorrect, I agree to my a e. I also hereby undertake that	I above are true to the best of my knowledge and belief and that if it so proved at any time that the dmission being cancelled forthwith, without any liability on the part of the Chapter to refund the if admitted, I will be bound by the rules of the coaching administration of the Chapter as may be in
Place: Date:		Signature of the Applicant
Date.		FOR OFFICE USE ONLY
Receipt No		
Date:		Enrolment No.
Amount Received: Rs.		Coaching Centre Opted: