

**FORM T-1**

**INTIMATION FOR ENGAGEMENT OF ICWAI STUDENTS AS TRAINEES**

1.	Name of the Practising Cost Accountants					
2.	Membership No.	F <input type="checkbox"/>	A <input type="checkbox"/>			
3.	Address					
			City :			
			State :			
		Pin :				
4.	Telephone No. with STD Code					
	Mobile No.					
	e-mail ID					
5.	Name of the Firm (s) with Status (e.g. Proprietor, Partnership etc)		Name of the Firm		Status	
			(i)			
			(ii)			
			(iii)			
6.	Details of Trainees		Reg. No.	Place of coaching	Stage of ICWAI course	Date of joining as Trainee
	<b>Name of the Trainee(s)</b>		<b>(with prefix)</b>			
	(i)					
	(ii)					
	(iii)					
	(iv)					
(v)						
7.	Requirement of Cost Trainee <i>(should not increase more than eligibility as per New Training Scheme)</i>					
Signature of Practising Cost Accountant						