



# THE INSTITUTE OF COST AND WORKS ACCOUNTANTS OF INDIA

## REGISTRATION FOR PRACTICAL TRAINING

(To be filled by the candidate in CAPITAL Letters)

The Director of Training  
Institute of Cost and Works Accountants of India  
ICWAI Bhavan,3, Institutional Area, Lodhi Road, New Delhi-110003  
Sir,

I hereby apply for registration for Practical Training in terms of Practical Training Scheme of the Institute. The required particulars are furnished below:

1. Name in Full \_\_\_\_\_
2. Address: \_\_\_\_\_  
Pin Code: \_\_\_\_\_ State: \_\_\_\_\_  
Phone No (With STD Code) \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Email id \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ 4. Sex ( Male/Female) \_\_\_\_\_
5. Category : General/ OBC/SC/ST/PH \_\_\_\_\_
6. Details of Educational Qualification :

Course/ Degree	Year of Passing	% of Marks

7. Professional Qualification \_\_\_\_\_
8. Experience Details, if any From \_\_\_\_\_ To \_\_\_\_\_

I remit herewith a sum of Rs.1000/- towards Registration Fee of Practical Training through a Demand Draft favoring the Institute of Cost and Works Accountants of India payable at Kolkata.  
(Details of payment)

Demand Draft No. \_\_\_\_\_ for Rs. \_\_\_\_\_ Date \_\_\_\_\_  
Drawn on Bank \_\_\_\_\_ Branch \_\_\_\_\_

I hereby declare that the particulars furnished above are true to the best of my knowledge and belief. I also hereby undertake to abide by all the rules of the training scheme.

Place \_\_\_\_\_

Yours faithfully

Date \_\_\_\_\_

Signature

### **For Office use Only**

Student Registration No. \_\_\_\_\_

The above mentioned payment has been sent to Kolkata Office vide letter No \_\_\_\_\_ dated \_\_\_\_\_.

Authorised Signatory of Regional Council/Chapter