

7. Intermediate Professional Education (Course - II) Professional Competence Course

Registration No.

Date of Commencement of Articled/ Audit Training DD-MM-YYYY

Date of Completion/ Termination of Articled/ Audit Training DD-MM-YYYY

Date of Commencement of Articled/ Audit Training DD-MM-YYYY

Date of Termination of Articled/ Audit Training DD-MM-YYYY

8. Passed Intermediate Professional Education (Examination-II) Professional Competence Examination

Month Year Roll No.
Group I

Group II

9. Nationality Indian Foreign

To pursue Intermediate (IPC) Course In India Abroad

(In case of foreign nationals intending to pursue studies in India, an attested copy of valid student visa or study permit, as the case may be from appropriate authorities, for the duration of the Chartered Accountancy Course must be enclosed)

10. Please indicate whether you need study material in 'Hindi' or 'English'

Hindi English

PART "B"
DECLARATION OF OPTION FOR INTERMEDIATE (IPC)/ATC COURSE

I

bearing Registration No. for Intermediate/ PE-II/PCC registered on

hereby switch over to INTERMEDIATE (IPC) COURSE/ ATC

I hereby deposit Conversion Fee of Rs. 500/- / US\$ 30 (as the case may be)

Details of Payment DD No. DD Date:

Amount

Name of the Bank

The amount should be paid by way of Demand Draft drawn in favour of "The Secretary, The Institute of Chartered Accountants of India" payable at Mumbai / Chennai / Kolkata / Kanpur / New Delhi as the case may be.

Date DD-MM-YYYY

Place

(Within the frame only)
Signature of applicant

Name _____



INSTRUCTIONS FOR FILLING THE FORM

PLEASE FOLLOW THE SIMPLE STEPS WHILE FILLING THE FORMS

1. Use the **BLACK BALL PEN** to fill the details and to sign the form.
2. Do not put any stray marks on Black Squares and Barcode.
3. Fill complete circles for the selected options else leave it blank if not applicable as shown in the example:

EXAMPLE

Wrong Method

Sex Male Female
 Special Category Gen SC/ST Backward class OBC Disabled Others

Right Method

Sex Male Female
 Special Category Gen SC/ST Backward class OBC Disabled Others



4. Write clearly within the boxes, as indicated in the following example:

K	V	L	N	A	R	A	S	I	M	H	A	M	U	R	T	H	Y
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

5. Do not over write.
6. Please write the date in DD-MM-YYYY format.
7. Do not bend/fold the form.
8. Please refer the table below for State Codes.

STATE/UT CODE	STATE/UT NAME
AN	ANDAMAN AND NICOBAR
AP	ANDHRA PRADESH
AR	ARUNACHAL PRADESH
AS	ASSAM
BH	BIHAR
CH	CHANDIGARH
CG	CHHATISGARH
DN	DADRA AND NAGAR HAVELI
DD	DAMAN & DIU
ND	DELHI
GA	GOA
GJ	GUJARAT
HR	HARYANA
HP	HIMACHAL PRADESH
JK	JAMMU & KASHMIR
JH	JHARKHAND
KR	KARNATAKA
KL	KERALA

STATE/UT CODE	STATE/UT NAME
LK	LAKSHADEEP
MP	MADHYA PRADESH
MH	MAHARASHTRA
MN	MANIPUR
MG	MEGHALAYA
MZ	MIZORAM
NG	NAGALAND
OR	ORISSA
PN	PONDICHERRY
PB	PUNJAB
RJ	RAJASTHAN
SK	SIKKIM
TN	TAMIL NADU
TR	TRIPURA
UP	UTTAR PRADESH
UT	UTTARAKHAND/UTTRANCHAL
WB	WEST BENGAL