



6. The year and month with Roll Number(s) in which the applicant passed the various Groups of the Final Examination

Month		Year	Roll No.	Group
May <input type="radio"/>	Nov <input type="radio"/>	<input type="text"/>	<input type="text"/>	1 <input type="radio"/>
May <input type="radio"/>	Nov <input type="radio"/>	<input type="text"/>	<input type="text"/>	2 <input type="radio"/>
May <input type="radio"/>	Nov <input type="radio"/>	<input type="text"/>	<input type="text"/>	Both <input type="radio"/>

7a. The name of the Chartered Accountant(s) in practice or the firm of Chartered Accountants in practice under whom the applicant served as an Articled Assistant / Audit Assistant. The period of service together with the dates of commencements and termination may be indicated

Sr.No.	Name of Member/Firm	Member/Firm No.	From Date / To Date
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

7b. Articles / Audit Registration No.

7c. Details of such other practical training which has been recognized by the Council as equivalent to practical training under the Chartered Accountants Regulations

Name of approved organisation

From:  To:

8. Period of Residence in India Years:  Months:  Days:

9. If not an Indian citizen, please state whether Certificate of Indian Domicile has been obtained:

Yes  No



10. Residential Address:

[Grid of 26 boxes]

[Grid of 26 boxes]

[Grid of 26 boxes]

[Grid of 26 boxes]

City [Grid of 26 boxes] State Code [Grid of 2 boxes]

Pin [Grid of 6 boxes] Phone No. with STD Code [Grid of 10 boxes] / [Grid of 10 boxes]

Country: [Grid of 26 boxes]

Email id [Grid of 26 boxes]

[Grid of 15 boxes] Mobile No. [Grid of 10 boxes]

11(a) Professional Address(es) (if different from 10) Same As in Column 10 above  Yes  No

[Grid of 26 boxes]

[Grid of 26 boxes]

[Grid of 26 boxes]

[Grid of 26 boxes]

City [Grid of 26 boxes]

State Code [Grid of 2 boxes] Pin [Grid of 6 boxes]



Phone No. with STD Code [Grid of 10 boxes] / [Grid of 10 boxes]

Country: [Grid of 26 boxes]

Email id [Grid of 26 boxes]

[Grid of 15 boxes] Mobile No. [Grid of 10 boxes]

Fax with STD Code [Grid of 10 boxes] / [Grid of 10 boxes]

(b) Principal place of business

[Grid of 26 boxes]



11(c) Other Places of Business, if any:

Four rows of empty grid boxes for listing other places of business.

12. Whether the applicant is incharge of the place or places mentioned at 11 above? If not the name(s) and membership number(s) of the member(s) of the Institute who is/are incharge of that those place(s) and his/their address(es).

Yes  No

Table with columns: Membership No., Name, Address. Two rows of empty boxes for data entry.

13. If the applicant is a paid assistant to a Chartered Accountant in practice or in a firm of such Chartered Accountants, name of the Chartered Accountant in practice or the firm and from which date.

Table with columns: MRN/FRN, Name of Member/Firm, Date. One row of empty boxes for data entry.

14. If the applicant holds a salaried employment other than that covered by 13 above, full particulars thereof

Table with columns: Date of joining, Designation. One row of empty boxes for data entry.

Name of Employer: One row of empty grid boxes.

Address: Four rows of empty grid boxes.

City: One row of empty grid boxes. State Code: Two empty boxes.

Pin: One row of empty grid boxes.

15. Whether the applicant intends to practise as Chartered Accountant under the Chartered Accountants Act, 1949.

Yes  No

16. Whether the applicant intends to continue the engagement at 13 or 14 above in addition to practice.

Yes  No

17. Whether the applicant is engaged in any other business or occupation not covered by 13 or 14 above, if so, full particulars thereof

Yes  No

Date from which engaged --

Designation



Name of concern/company

18. Whether the applicant was at any time debarred from practising as an accountant and if so, the reason and period of suspension No  Yes

Reason:  Period: dd  mm  yy

19. If the applicant wishes to practise in a 'trade or firm name' particulars of the trade or firm name, as the case may be, with alternatives in the order of preference

- 1. 
2. 
3. 
4.

20. If the applicant had taken any loan scholarship from the Institute, the total amount of loan scholarship received, the amount paid off and the balance outstanding.

No  Yes

Total Amount Amount Paid Balance Amount
 / -  / -  / -

2. I hereby undertake that if my name is entered in the Register, I shall be bound by the provisions of the Chartered Accountants Act, 1949 and the Regulations framed thereunder or that may hereafter from time to time be made pursuant to the said Act.



**Life membership of Chartered Accountant's Benevolent Fund**

**I hereby also apply for Life Membership of Chartered Accountants Benevolent Fund. Application in the appropriate form is sent herewith.**

**I also send herewith Rs. 5,000/- towards the subscription of Life Membership of the "C.A.B.F."**

**Please affix  
Recent  
Coloured  
Photograph**



(Within the frame only)  
(With Black Gel Pen Only)

**Signature** (Old)

(Within the frame only)  
(With Black Gel Pen Only)

**Signature** (Current)

**Details of Total Remittance**

	<b>Member in Practice</b>	<b>Member not in Practice</b>
<b>Entrance Fee</b>	<b>Rs. 2,000/-</b>	<b>Rs. 2,000/-</b>
<b>Annual Membership Fee</b>	<b>Rs. 1,500/-</b>	<b>Rs. 1,500/-</b>
<b>Certificate of Practice Fee (if intends to hold)</b>	<b>Rs. 3,000/-</b>	
<b>C.A.B.F. Life Membership Fee (voluntary)</b>	<b>Rs. 5,000/-</b>	<b>Rs. 5,000/-</b>
<b>Total</b>	<b>Rs. 11,500/-</b>	<b>Rs. 8,500/-</b>

**Local Cheque / Pay Order/ Demand Draft No.**

**Drawn on**

Name of the bank

**Dated**

for **Rs 8,500/-**  **Rs 11,500/-**