



Internal Audit Standards Board

The Institute of Chartered Accountants of India

REGISTRATION FORM

Certificate Course on Concurrent Audit of Banks

1. Full Name in Block Letters _____

2. Gender (put ✓ mark): ☐ Male ☐ Female

3. Date of Birth : _____

4. Professional Details:

a. Designation : _____

b. Organisation : _____

c. Address : _____

d. Nature of Duties : _____

Affix recent passport
size photograph

5. Member Details:

a. Membership Number: _____

b. Membership status (put ✓ mark) FCA _____ ACA _____

c. Any other Qualifications _____

6. Phone No.: _____ Mobile: _____

ACKNOWLEDGEMENT

(for office use only)

We acknowledge the receipt of the Registration Form for the Certificate Course on
Concurrent Audit of Banks from

Mr./Ms. on/...../2017 along with the

Demand Draft/Pay Order/Cheque

No. for Rupees

Date :

Place :

Nodal Officer

7. E-mail address :

8. Details of Course Fees:

D.D./Pay Order/Cheque No. _____ Dated _____

Amount in (Rs.) : _____

Drawn on Bank : _____

Branch : _____

Notes:

1. Limited Seats, registration will be on first come-first serve basis.
2. Fee Structure: Fees without Accommodation w.e.f July 1, 2016:

For Members of ICAI (other than Young Members)			For Young Members* of ICAI (kindly sign declaration for fees concession)	
Metro Cities	Rs. 15,000 per participant		Metro Cities	Rs. 12,000 per participant
Non-Metro Cities	Rs. 12,500 per participant		Non-Metro Cities	Rs. 10,000 per participant

Cheque/ DD for fee should be drawn in favor of Secretary, ICAI, payable at Delhi and should be sent to respective branch. Please mention your name, membership no and mobile no on the back of the Cheque/ DD.

*I. Chartered Accountant up to the age of 30 years on 1st January of every calendar year will be considered as Young Member i.e. Members born on or after 1.1.1987 will be considered as young member for calendar year 2017.

II. The members who are suffering from permanent disability of 50% and above be treated at par with young members and all those concessions which are available to the young members may be extended to such members provided such member is not a partner in a firm.

3. Enclose Self Attested Photocopy of the Institute I-Card or Membership Letter or Membership Certificate.
4. In case of members who are suffering from permanent disability of 50% and above, please enclose copy of certificate of permanent disability.

**ONLY FOR YOUNG MEMBERS OF THE ICAI
DECLARATION**

I, Membership Number hereby declare that I am eligible to pay registration fees of Rs. 12,000/ Rs. 10,000 for the Certificate Course on Concurrent Audit of Banks as per the applicable guidelines of the Institute for the Young Members of the ICAI.

Date:

Place:

(Signature of the Participant)

Note: In case of wrong declaration given by member, it would be treated as professional misconduct and strict action would be taken against him/her.