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|   |  | **REGISTRATION FORM**  |
|   |  |  |  |  |  |  |  |
|   |  | **DIPLOMA IN INTERNATIONAL TAXATION** |
|   |  | **THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA** |
|   |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| **1) Full Name in block letters (as per Institute records)** |  | Affix recent passport sized photograph |
|  |  |  |  |  |  |  |
| First Name |   |
| Middle Name |   |
| Surname |  |   |
|   |  |  |  |  |  |  |
| **2) Father's name in Block Letters** |  |  |  |
|   |  |  |  |  |  |  |   |
| First Name |   |
| Middle Name |   |
| Surname |  |   |
|   |  |  |  |  |  |  |   |
| **3) Gender** (put  mark) |  |  |  |  |   |
| Male |  |   |  | Female |  |   |   |
|   |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |   |
| **4) Member Details:** |  |  |  |  |  |   |
| a) Membership Number |  |  |  |   |   |
|   |  |  |  |  |  |  |   |
| b) Membership status (put  mark) | ACA | **** | FCA |   |   |
| c) Member status |   | Practice/Industry/others |   |   |
| d) Date of Birth |  |  |  |  |  |
| e) Any other Qualifications |   |   |   |   |   |
|   |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |   |
| **4) Address for Correspondence** |  |  |  |   |
| a) Door Number  |   |
| b) Street / Road |   |
| c) Area  |  |   |
| d) City / Town  |   |
| e) State |  |   |
| f) PIN code  |   |
|   |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |   |
| **5) Centre opted for Training:** |  |  |  |  |  |   |
|   |   |   |   |   |   |
|   |  |  |  |  |  |  |   |
| **6) Phone No.**  |   |  | **Mobile no.** |   |
| **e** |  |  |  |  |  |   |
| **7) e-mail address** |   |   |   |   |   |   |
|  |  |  |  |  |  |  |   |
| **8) Details of Course fees :** |   |   |   |   |   |
|  |  |  |  |  |  |  |   |
| **a) On Line Payment** |  | Yes/No |   |  | **Transaction No.** |   |
|  |  |  |  |  |  |  |   |
| **b) Bank Draft/** |   |   |   |  | **Dated** |   |
| **Pay order no.** |  |  |  |  |  |   |
|   |  |  |  |  |  |  |   |
| **Amount in Rs.** |   |  |  |   |
|   |  |  |  |  |  |  |   |
| **Drawn on Bank** |   |
|   |  |  |  |  |  |  |   |
| **Branch**  |  |   |
|   |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |   |
| **Date:** |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |   |
| **Place:** |  |  |  |  |  |  |   |
|   |  |  |  |  |  | **(Signature of the applicant)** |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| **Notes:** |  |  |  |  |  |  |   |
| 1. Fees Structure: Rs. 40,000/- per member (including lunch, tea, snacks etc.) for the complete course. |
| 2. In case the payment is through D.D./Pay Order, it should be drawn in the favour of "The Secretary, The Institute of Chartered Accountants of India", payable at New Delhi. |
|
| 3. Enclose Two Passport Sized photographs. |  |  |  |
| 4. Enclose self attested photocopy of the Institute I-card or Membership letter or Membership Certificate. |
| 5. Whether the payment is online or through D.D., the applicant is required to submit a printout/ hard copy of the application form to the Nodal Officer, Committee on International Taxation, The Institute of Chartered Accountants of India, ICAI Bhawan, 6th Floor, Hostel Block, A-29, Sector -62, Noida-201309. |
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|   |   |   |   |   |   |   |   |
|   **Acknowledgement** (for office use only) We acknowledge the receipt of the Registration Form for the Diploma Course on International Taxation from CA. …………………………………………………………………………………........ on ..…/…../.......... along with the Demand Draft/Pay Order no……………………………..for Rupees.................................................................. …………………………………………………………………Date:  (Recieving Officer)Place:  |
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