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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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