



**Internal Audit Standards Board
of
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. Professional Details:

a. Designation : _____

b. Organisation : _____

c. Address : _____

d. Nature of Duties : _____

4. Member Details:

a. Membership Number: _____

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

c. Any other Qualifications _____

5. Phone No.: _____ Mobile : _____

Affix recent passport size photograph

ACKNOWLEDGEMENT

(for office use only)

We acknowledge the receipt of the Registration Form for the Certificate Course on Concurrent Audit of Banks from Mr./ Mson...../...../2014 along with the Demand Draft/Pay Order/Cheque No.....for Rupees.....

Date :
Place :

Nodal Officer

6. Address for Correspondence:

7. E-mail address :

8. Details of Course Fees:

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

Amount in (Rs.) : _____

Drawn on Bank : _____

Branch : _____

Date :

Place :

(Signature of the Participant)

Notes:

1. Limited Seats, registration will be on first come-first serve basis.
2. Fee Structure: Fees without Accommodation: Metro cities Rs. **15,000/-** per participant. For **Non-metro Cities Rs. 12,500/-** per participant.

Cheque/ DD for fee should be drawn in favour 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.
3. Enclose Self Attested Photocopy of the Institute I-Card or Membership Letter or Membership Certificate.