

Registration Form – ‘7 DAY INTENSIVE WORKSHOP ON IFRS’

5th January, 2015 to 11th January, 2015

**AHMEDABAD BRANCH OF WIRC OF
THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA**

**Affix recent
passport sized
photograph**

1. Full Name in block letters(as per Institute records):

First Name :

Middle Name:

Last Name:

Gender :

Male

Female

2. Member Details:

(a) Membership Number :

(b) Membership Status :

(c) Member Status :

Others

(d) Any Other Qualifications :

3. Professional Details:

(a) Designation :

(b) Organization :

(c) Address :

(d) Nature of Duties :

4. Address for Correspondence:

(a) Door Number :

(b) Street/Road :

(c) Area :

(d) City / Town :	(e) PIN Code	(f) State
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5 Phone:			
Phone no. with STD Code :		Mobile no.:	

6 Email Address:			
Official :		Personal :	

7 Details of Course Fee:				
Bank Draft / Pay Order no. :		Date		
Amount in Rs. :				
Drawn on Bank			Branch	

8 Food Choice	Jain Food		Regular Food	
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(Signature of the applicant)

Date :
Place :

Note :

- 1.. Registration Fee for the Workshop is **Rs. 8,000/- per member** (including Course Material, Lunch, Tea, Breakfast, etc.).
2. In case the payment is through Cheque /D. D. /Pay Order, it should be drawn in the favour of "**Ahmedabad Branch of WIRC of ICAI**", payable at Ahmedabad.
3. Please Paste your Passport Sized photograph on the top in the box.
4. Enclose self attested photocopy of the Institute I-card OR membership letter OR Membership Certificate.

