

## Application for 1 Year CA/CMA Industrial Training (Strike out whichever is not applicable)

Name			:							
Registration No			:							
Father's Name			:			Pl. paste recer				
Mother's Name			:			photograph				
Date of Birth			:	:						
Correspondence Address			:	:						
Email Address			:							
Mobile Number										
	<b>21</b>									
PAN Number			:	•••••				•••••		
Adhaar Numbe	er		:							
Education Qua	lification		:							
Qualification	Board/Ins	stitute/Uni	versity	Year of I	Passing	% of	Marks	Spe	cialization	
12 <sup>th</sup>										
Graduation										
Professional Q	ualificatio	<b>n</b> (Please nr	ovide le	vel wise i	nformatio	nn)				
Level		Institute (ICAI/ICMAI)		Month & Year of Passing			% of Marks		No of Attempts	
CPT/Foundatio	n		<u> </u>		<del>-</del>				•	
Intermediate Group - I										
ntermediate Group – II										
Intermediate Group I&II										
(If passed tog	ether)									
Details of Artic	leship		:							
Firm Name	Firm Address		From		То		Remaining period		riod of	
Choice of Work	c Centres fo	or training:	1	,	2		3			
Are any of you	r parents w	vorking/wo	rked in (	ONGC (Pl.	tick): YES	/NO.	If yes, please	provi	de following:	
Name			Re	lation			CPF No			
l, hereby unde	rtake that t	the particul	ars give	n by me a	re true to	the b	est of my kno	wled	ge.	
•		-	-	-			•			

Signature of the applicant Date: