



THE INSTITUTE OF COST ACCOUNTANTS OF INDIA
(STATUTORY BODY UNDER AN ACT OF PARLIAMENT)
FOR ATTENTION OF THE MEMBERS

Dear Member,

You are requested to fill in the following particulars and return it to the Membership Department of the Institute by 30th April, 2014.

MEMBER'S PROFILE

	First name	Middle Name	Surname
NAME : MR / MRS / MS :	_____		
FATHER'S NAME :	_____		
SEX :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
MARITAL STATUS :	Married / Unmarried		
DATE OF BIRTH :	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Date	Month	Year
RESIDENTIAL ADDRESS :	_____		

	City :	Pin Code :	State :
PROFESSIONAL ADDRESS :	Designation :		
	Company Name :		

	City :	Pin Code :	State :
TELEPHONE NO. :	Direct :	Resi :	
	Board :	Fax No. :	
	STD Code :	Mobile No. :	Email Id:
QUALIFICATION :	a) Academic _____		
	b) Professional _____		
MEMBERSHIP NO. OF THE PROFESSIONAL INSTITUTE		Associate	Fellow
i) ICAI (CMA)	_____	<input type="text"/>	<input type="text"/>
ii) ICAI	_____	<input type="text"/>	<input type="text"/>
iii) ICSI	_____	<input type="text"/>	<input type="text"/>
iv) Advocate	_____	<input type="text"/>	<input type="text"/>
v) Any other	_____	<input type="text"/>	<input type="text"/>
WHETHER HOLDING CERTIFICATE OF PRACTICE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ICAI (CMA) <input type="checkbox"/>
IF YES WHETHER PART TIMER OR FULL TIMER	<input type="checkbox"/> Part	<input type="checkbox"/> Full	ICAI <input type="checkbox"/>
WHETHER MEMBER OF BENEVOLENT FUND OR NOT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ICSI <input type="checkbox"/>

DETAILS OF EXPERIENCE :

A. **Whether in** Service Practice Business Others

B. **Type of Organisation** Govt. Public Sector Private Sector
 Autonomous Body Semi Govt. Others

Whether your Co. is listed Yes No

C. **Year of Experience** 3 Years 5 Years 10 Years 15 and Above

D. **Area of Experience** Manufacturing Service Educational Others

Type of Industry
(If more than one,
specify the same in
order of expertise)

Bank & Ins.
 Finance Co.
 Insurance
 Transport
 Education
 Medical
 Others

E. **Area of Specialisation** Accounts Finance Costing
 Taxation Audit Practice
a. Cost Accountancy
b. Chartered Accountancy
c. Company Secretaryship
d. Advocate
e. Others

Academecian Consultancy Other

F. **Details of Training**
(Please specify)

G. **Details of Involvement** As a lecturer As a paper setter As an examiner

H. **Involvement in Seminar** As a speaker As a paper writer As a delegate

I. **Details of Research / Book Published** 1 2 3

Details of Extra Curricular Activities
(Please specify)

Give any further details about you in 2 lines.

Dated

Place

Signature