



THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

(STATUTORY BODY UNDER AN ACT OF PARLIAMENT)

FORM OF APPLICATION FOR THE ISSUE OR RENEWAL OF A CERTIFICATE OF PRACTICE

[The Form will not be processed if (*) marked fields are not filled in] [Fill in Capital Letters]

FORM: M-3

To
The Secretary to the Council of
The Institute of Cost Accountants of India
12, Sudder Street, Kolkata – 700 016

Sir,

1. I have already sent/am enclosing a Cheque/Demand Draft No. _____ dated _____ for Rs. _____* towards the fee for the Certificate of Practice for the period ending 31st March _____ which may be issued / renewed to me.
2. I hereby declare that I am not engaged in any other business or occupation besides the profession of Accountancy. If and when I intend to be so engaged I shall obtain the prior permission of the Council.
3. I am engaged in other occupation as _____ and propose to continue to be so engaged in addition to the practice of accountancy for which permission has already been applied for/obtained vide your letter No. _____ dated _____.
4. I hereby undertake that as and when I cease to be in practice, I shall duly inform the Council as required by the Cost and Works Accountants Regulations, 1959.
5. I hold Certificate of Practice for the period ending 31st March _____.
6. I hereby declare that :
 - a) I am practising in the name and style of (Please mention proprietary or partnership firm):

Sl.	Name of Firm	Proprietorship / Partnership	Firm Registration No.	PAN
1				
2				
3				
4				
5				

- b) I am not holding salaried employment in any organization or under any person and that I shall duly intimate to you if and when I take up such salaried employment.
- c) I hereby declare that I am holding a salaried employment in *[Name, address, phone no. & email-id of employer]* _____
as *[designation]* _____.
- d) I am holding/not holding Certificate of Practice as a Chartered Accountant issued by the Institute of Chartered Accountants of India.
- e) I am holding/not holding Certificate of Practice as a Company Secretary issued by the Institute of Company Secretaries of India.
- f) I am not an Advocate registered with any State Bar Council / I am an Advocate registered with _____ Bar Council and I have voluntarily suspended practice as Advocate vide letter No. _____ dated _____. I shall intimate to you if and when I resume practice as Advocate.

Yours faithfully,

Place :

Date :

Signature of Member

Membership No. _____

Salutation	Mr. / Mrs. / Ms. / Dr.	FULL NAME OF THE APPLICANT					
First *							
Middle							
Last *							
Professional Address	Line 1*						
	Line 2						
	Line 3						
	Line 4						
	City *		State		Pincode*		PAN *
ISD Code		STD Code		Phone No.			
Mobile *			Email *				

1. In case space provided is not sufficient, additional sheets may be attached and data provided in the same format as above.

2. Strike off words not applicable.

* **Plus applicable GST.**