

No. :



A D M I S S I O N F O R M

SURNAME	NAME	FATHER'S / HUSBAND'S NAME
NAME (Mr./Miss./Mrs.) (FULL BLOCK LETTERS)		

BATCH CODE :	ACADEMY ROLL NO. :
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PERMANENT ADDRESS CITY: STATE: PIN CODE: TEL NO: MOBILE NO:	PHOTOGRAPH
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GUARDIAN'S NAME AND LOCAL ADDRESS (FULL BLOCK LETTERS) PIN CODE: TEL NO:

DATE OF BIRTH : **QUALIFICATION :**

E-MAIL							
COLLEGE				ARTICLESHIP FIRM :			
10 + 2 STANDARD STREAM				MEDIUM OF INSTRUCTIONS FOR 10 + 2 STANDARD			
<input type="checkbox"/> Commerce <input type="checkbox"/> Science <input type="checkbox"/> Others							
PERCENTAGE OF MARKS	S.S.C.	H.S.C.	GRADUATION COURSE			PE I / CPT	PE II / PCC / IPCC
			F.Y.	S.Y.	GRADUATION		
	%	%	%	%	%	%	%

ACADEMY COURSE				Are you a past Student of the Academy : Yes / No If Yes : Course Attended and Batch - DUE EXAMINATION : MAY / JUNE / NOV / DEC ICAI REGISTRATION NO. : REMARKS :
12th	<input type="checkbox"/> Accounting	<input type="checkbox"/> Economics	<input type="checkbox"/> Maths	
CPT	<input type="checkbox"/> Regular	<input type="checkbox"/> Annual	<input type="checkbox"/> Revision	
	<input type="checkbox"/> Basic Accounting	<input type="checkbox"/> Basic Maths		
IPCC	<input type="checkbox"/> All Subject of Group I		<input type="checkbox"/> All Subject of Group II	
	<input type="checkbox"/> Accounting	<input type="checkbox"/> Advanced Accounting		
	<input type="checkbox"/> Law, Ethics & Communication	<input type="checkbox"/> Auditing		
	<input type="checkbox"/> Cost Accounting	<input type="checkbox"/> IT & SM		
	<input type="checkbox"/> Financial Management			
	<input type="checkbox"/> Taxation			
FINAL	<input type="checkbox"/> All Subject of Group I		<input type="checkbox"/> All Subject of Group II	
	<input type="checkbox"/> Financial Reporting	<input type="checkbox"/> Advanced Management Accounting		
	<input type="checkbox"/> Strategic Financial Management	<input type="checkbox"/> Information Systems Control & Audit		
	<input type="checkbox"/> Advanced Auditing & Professional Ethics	<input type="checkbox"/> Direct Tax Laws		
	<input type="checkbox"/> Corporate & Allied Laws	<input type="checkbox"/> Indirect Tax Laws		

I hereby confirm that fees once paid will neither be refunded nor adjusted against any other student in any case.

DATE :

STUDENT'S / PARENT'S SIGNATURE :

FOR OFFICE USE ONLY

NAME :

BATCH CODE :	
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ACADEMY ROLL NO. :	
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FEES PAYMENT :	
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PARTICULARS	MODE OF PAYMENT	DATE	FEES RECEIVED (Rs.)	FEES DUE (Rs.)	INITIALS

CHEQUE DETAILS	Admission	BANK	CHQ.NO.	DATE

MATERIAL DISTRIBUTION DETAILS :					
DATE	SUBJECT	SIGNATURE	DATE	SUBJECT	SIGNATURE

Identity Card Received

DATE :

STUDENT'S SIGNATURE :