

**THE INSTITUTE OF COST AND WORKS ACCOUNTANTS OF INDIA**  
**REGISTRATION FOR PRACTICAL TRAINING**  
(To be filled by the candidate in CAPITAL Letters)

The Director of Training  
Institute of Cost and Works Accountants of India  
ICWAI Bhavan  
3, Institutional Area  
Lodhi Road, New Delhi-110003

Sir,

I hereby apply for registration for Practical Training in terms of Practical Training Scheme of the Institute. The required particulars are furnished below:

1. Name in Full \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
- Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Phone NO \_\_\_\_\_  
Email id \_\_\_\_\_ Mobile No. \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ 4. Sex ( Male/Female) \_\_\_\_\_
4. Caste: General      Other Backward Class      Scheduled Caste      Scheduled Tribe
5. Occupation \_\_\_\_\_
6. Education Qualification \_\_\_\_\_
7. Professional Qualification \_\_\_\_\_

I remit herewith a sum of Rs.1000/- towards Registration Fee of Practical Training through a Demand Draft favoring the Institute of Cost and Works Accountants of India payable at Kolkata. (Details of payment)

Demand Draft No. \_\_\_\_\_ for Rs. \_\_\_\_\_ Date \_\_\_\_\_  
Drawn on Bank \_\_\_\_\_ Branch \_\_\_\_\_

I hereby declare that the particulars furnished above are true to the best of my knowledge and belief. I also hereby undertake to abide by all the rules of the training scheme.

Place \_\_\_\_\_

Yours faithfully

Date \_\_\_\_\_

Signature

**For Office use Only**

Student Registration No. \_\_\_\_\_

The above mentioned payment has been sent to Kolkata Office vide letter No \_\_\_\_\_ dated \_\_\_\_\_.

Authorised Signatory of  
Regional Council/Chapter