ICMA Pakistan

INSTITUTE OF COST & MANAGEMENT ACCOUNTANTS OF PAKISTAN

REGISTRATION FORM

[for CPA Canad members]

Provisional No.	Registration No.
Centre:	**Session:**

Latest Photograph

I hereby apply for registration as a student of the Institute.

Name in Full (Block Letters)	**Date of Birth**

N.I.C. No.						—								—	

Father's Name
Mailing Address
Permanent Address ***(if different from above)***

Tel. No.	**Residence**	**Cell #**	**Email**

Contact Person ***(in case of any emergency***	**Tel No.**	**Cell #**

Name and address of present employer	
Office Phone #	
Present Position	**Joining Date**

Academic Qualification	Year	Division / Grade	University / Board
1. Matriculation			
2. Intermediate			
3. Graduation			
4. Post Graduation			
5. Others			

Enclosure:

1. Photocopies of Degree /Certificates of above mentioned academic and other qualifications.
2. Photocopy of Computerized National Identity Card.
3. I enclose Rs. _ _ _ _ _ _ _ _ _ _ Demand Draft / Pay Order No. _ _ _ _ _ _ _ _ _ _ _ _ _Dated _ _ _ _ _ _ _ _ Drawn on _ _ _ _ _ _ _ _ _ _ _ _.

DECLARATION: I hereby declare that I have understood the requirements of filling this form and that take full responsibility for any omission or error in filling the form and I also declare that to the best of my knowledge and belief the information given in this form is correct and complete in all respect. If I am registered as a student of the Institute, I will abide by the rules of ICMAP. I further assure that submitted credentials and documents are real and original and in case any information and / or document(s) found fake, tampered or incorrect, the Institute may cancel my registration as student and cancel or hold all benefits so far derived.

Note: Bring original documents for verification at the time of admission.

Date:_____

APPLICANT'S SIGNATURE

Note for the Examination Department:

The members of CPA Canada are exempted from all courses and modules except the Practical Corporate Training modules PCTM-4 & 5 subject to paid exemption fee.

FOR OFFICE USE ONLY

(To be filled by the campus)

Amount Received Rs.		**Receipt No.**		**Date**	

Registration Officer / Assistant

Campus In-charge