## INSTITUTE OF COST AND MANAGEMENT ACCOUNTANTS OF PAKISTAN



## **REGISTRATION FORM**

Provisional No.	Registration No.	Latest
		Photograph
Session:	Centre:	

N.I.C. No.	Name in Full Date of B (Block Letters)											irth:					
Permanent Address (if different from the above):    Contact No.   Residence   Cell #   Email	•						_										
Contact No.   Residence   Cell #   Email	Father's Name:																
Contact No. Residence   Cell #   Email    Contact Person (in case of any emergency):   Name   Telephone No.   Cell No.    Name and address of present employer (if any)  Office Phone #   Present Position   Joining Date  Qualification   Year   Division / Grade   University / Board    1. Matriculation	Postal Address	S:															
Contact Person (in case of any emergency):    Name and address of present employer (if any)	Permanent Ad	ldress	(if diff	ferent f	rom th	he abo	ve):										
Name and address of present employer (if any)  Office Phone # Present Position Joining Date  Qualification Year Division / Grade University / Board  1. Matriculation 2. Intermediate 3. Graduation 4. Post Graduation 5. Professional 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. 4,750/- on account of the following: (Rs.2,000/- as registration fee, Rs.1,500/- as annual subscription, Rs.250/- as LD. Card fee, Rs. 500/- as registration card fee and Rs. 500/- as certificate verification fee) vide 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 and if am registered as a student of the Institute, I will abide by the rules of ICMAP.  Note: Bring original documents for verification at the time of admission.  Registration of a student will be cancelled in case any Educational Document is found fake.  Applicant's Signature  FOR OFFICE USE ONLY  Documents in Amount Registration Student's Card	Contact No.	Contact No. Residence					Cell #		Email								
Office Phone # Present Position Joining Date  Qualification Year Division / Grade University / Board  1. Matriculation 2. Intermediate 3. Graduation 4. Post Graduation 5. Professional 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. 4,750/- on account of the following: (Rs.2,000/- as registration fee, Rs.1,500/- as annual subscription, Rs.250/- as LD Card fee, Rs. 500/- as registration card fee and Rs. 500/- as certificate verification fee) vide 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 and if am registered as a student of the Institute, I will abide by the rules of ICMAP.  Note: Bring original documents for verification at the time of admission.  Registration of a student will be cancelled in case any Educational Document is found fake.  Applicant's Signature  FOR OFFICE USE ONLY  Documents in Amount Receipt No. 8 Date Registration Student's Card				Name				7	Telephone No.				Cell No.				
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