INSTITUTE OF COST AND MANAGEMENT ACCOUNTANTS OF PAKISTAN

ST-18/C, Block-6, ICMAP Avenue, Gulshan-e-Iqbal, P.O. Box 17642., Phone #99243900, Fax #99243342, e-mail: exam@icmap.com.pk, web-site: www.icmap.com.pk

ADDITIONAL APPLICATION FORM FOR 19TH COMPREHENSIVE EXAMINATION

ONLY FOR STUDENTS WHO COMPLETED UPTO STAGE-6 IN
WINTER (NOVEMBER) 2011 EXAMINATIONS

Branch _____
Serial # _____

TO BE FILLED IN BY THE CANDIDATE IN BLOCK LETTERS

REGISTRATION #		
Completed upto Stage-6	**Session**	
	Roll #	
EXAMINATION CENTRE		

NAME (As per Matriculation Certificate):

FATHER'S NAME (As per Matriculation Certificate):

MAILING ADDRESS:

_____

_____

_____

CITY: _____

E-MAIL: _____

PHONE #: (RES) _____

(OFF) _____

(CELL) _____

NOTES / INSTRUCTIONS:

1. **Application containing incorrect information or without photographs will not be accepted.**
2. **Last date of acceptance of examination application along with prescribed fee is January 2 to 10, 2012 and 100% late fee will be charged from January 11 to 14, 2012 (Only for the students who have been declared passed up to Stage-6 under 2005 Syllabus).**
3. **Attach photocopy of Grade Sheet of last examination passed.**
4. **Examination Fee :Rs. 2,900/-(Pakistan).**

Candidate's Recent Photograph (Passport Size)

NOT OLDER THAN SIX (6) MONTHS

Write Name & Registration # on the back of photograph.

Candidate's Recent Photograph (Passport Size)

NOT OLDER THAN SIX (6) MONTHS

Write Name & Registration # on the back of photograph.

VERIFICATION BY ACCOUNTS DEPARTMENT
(To be filled in by the candidate)

1. Examination Fee_____
   Paid vide receipt #_____ Dated_____
2. Annual Subscription Fee: Dues, if any _____
   Current year (_____) Amount_____
   Paid vide receipt #_____ Dated_____

_____
VERIFIED BY

FOR THE USE OF EXAMINATION DEPARTMENT ONLY

_____
Candidate's Sign & Date

_____
Receiver's Signature

ACKNOWLEDGEMENT
(To be filled in by the candidate)

Sr. No._____

Registration #_____ Name_____ Examination Centre_____

Amount_____ Receipt # _____ Receipt Date _____ Submitting Date_____

Receiver's Signature_____

Note: Comprehensive Examination is held at the centers where at least five candidates are enrolled to sit for the exam.