THE INSTITUTE OF
Company Secretaries of India
IN PURSUIT OF PROFESSIONAL EXCELLENCE
Statutory body under an Act of Parliament

WESTERN INDIA REGIONAL COUNCIL

REGISTRATION FORM FOR "APTITUDE TEST"

FOR EXECUTIVE PROGRAMME (MODULE I/ MODULE II) / BOTH
&
PROFESSIONAL PROGRAMME (MODULE I/ MODULE II/MODULE III) / BOTH
DECEMBER 2015 EXAM

Program :_____

Module: _____

1) NAME IN FULL(CAPITAL) _____

2) Registration No.: _____ 3) Date of Birth: _____

3) Educational Qulification with Name of the Schools/College and Percentage of Marks_____

4) Permanent Address:_____

_____

5) Communication Address:_____

_____

6) Tel(R):_____Mobile No._____Mobile no. of Parent_____

7) e-mail: _____

I have read the rules given on the overleaf and shall observe the same, with the changes if any made by the authorities of ICSI.

Date:…… **(Signature of the Student)**

_____

Authorised Signatory

ICSI-WIRC : 13, 56 & 57 Jolly Maker Chambers No. II, 1st Floor, Nariman Point, Mumbai-400 021
☎ 022 - 61307900, **fax** 022 – 2285 0109 **e-mail :** wiro@icsi.edu **website:www.icsi.edu**