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 Qualification 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