APPLICATION FORM

MERIT-CUM-MEANS ASSISTANCE (Company Secretaryship Course) SCHEME, 1983
(As amended upto 14th & 15th October, 2006)

NOTE :  
(i) Application form should be filled in neatly and legibly in BLOCK CAPITAL LETTERS in all respects by the candidate in his/her handwriting. 
(ii) Applications incomplete in any manner or application not accompanied by requisite supporting documents, i.e., proof of Annual Income of the applicant and his/her spouse/parent(s)/guardian(s), Caste Certificate, and/or Medical Certificate wherever applicable, shall summarily be rejected.

The Secretary & CEO  
The Institute of Company Secretaries of India  
‘ICSI House’, 22 Institutional Area  
Lodhi Road, New Delhi 110 003

Sir,

I wish to apply for the financial assistance for pursuing studies for __________________________ Course under the “Merit-cum-Means Assistance (Company Secretaryship Course) Scheme, 1983”.

2.  
* I am a bona fide registered student of the Institute and my Registration No. is _______________________.  
* I am enclosing/have submitted my application for registration as a student on ______________________. (Date)

3.  
I have passed all the papers of Foundation / Intermediate Examination held in ________________, 200___ under Roll No.________________ without exemption in any paper, in one sitting, and in first attempt.

4.  
I am enclosing attested copies of following certificate(s)/document(s) [Please tick √ 1] —

   (i)  [ ] Mark-sheet in proof of having passed all the papers of Foundation* /Intermediate* examination of the Institute in the first attempt;

   (ii)  [ ] Income Certificate issued by the employer in proof of my total monthly and yearly income;

   (iii)  [ ] Income Certificate issued by the employer in proof of my spouse’s / father’s / mother’s / guardian’s total monthly and yearly income;

   (iv)  [ ] Income-tax Return Documents for the immediate preceding year in respect of myself and/or my parents/guardian/spouse, if and where applicable;

   (v)  [ ] Case Certificate issued by the appropriate authority if the applicant belongs to SC/ST category; and

   (vi)  [ ] Medical Certificate issued by the Surgeon / Medical Officer of a Government Hospital if the applicant belongs to a Physically Handicapped category.

Your faithfully,

Place : ____________________

Date : ____________________

(Signature)  

Name : ____________________

*Delete whichever is not applicable.
PARTICULARS TO BE FILLED IN BY THE CANDIDATE IN HIS / HER OWN HANDWRITING

1. Name of applicant in full Mr./Ms. : _________________________________________________________ 
   (in CAPITAL letters)

2. Father’s/Husband’s Name : _______________________________________________________________

3. Student Registration No. (if any) : _______________________________________________________

4. Date of Birth : ____________________________________________ (Age) __________(Years)

5. Sex : (Male / Female) : __________________________  6. Marital Status : ______________________

7. Residential Address : __________________________________________________________________

   __________________________________________ PIN : _____________________________

   Tel. No. (with STD Code) : __________________________ Mobile : _______________________

8. (a) Yours Occupational Address : _______________________________________________________

      (with Designation) ____________________________________________________________

      __________________________________________ PIN : _____________________________

      Tel. No. (with STD Code) : __________________________

     (b) Your total monthly income (Rs.)**: __________________

    (c) Your total yearly income (Rs.)** : __________________

9. (a) Are you dependent on your parents*/guardian*/spouse* ? (Yes / No) : ______________________

    (b) If answer to (a) above is yes, please indicate whether partially / wholly dependent : _________

10. (a) Are you living with your parents*/guardian*/spouse* ? (Yes / No) : ______________________

    (b) Your relationship with the guardian : ________________________________

11. (a) Name and address of the parents*/guardian*/spouse* : _____________________________________

      __________________________________________ PIN : _____________________________

      Tel. No. (with STD Code) : __________________________ Mobile : ______________________

    (b) Occupation of the parents*/guardian*/spouse* (with Designation and Telephone No.), if applicable, and complete occupational address :

      __________________________________________ PIN : _____________________________

      Tel. No. (with STD Code) : __________________________ Extn. No. (if any) : __________

    (c) Monthly total income of the parents*/guardian*/spouse* (Rs.)** : ______________________

    (d) Yearly total income of the parents*/guardian*/spouse* (Rs.)** : ______________________

12. Total combined yearly income from all sources (if you are an earning member and/or partially dependent on your parents*/guardian*/spouse*)

    (i) Your yearly income Rs.

    (ii) Your parent’s*/guardian’s*/spouse’s* yearly income Rs.

    (iii) Yearly income of the family from other source(s), if any Rs.

    TOTAL Rs.

*Delete whichever is not applicable.

**Enclose original certificate(s) issued by the employer in support of the monthly and yearly income(s)/Pension Certificate.

P.T.O.
13. (a) Are you a member of the Scheduled Caste/Tribe? (Yes/No): ________________________

(b) If yes, state the name of the Caste/Tribe: ________________________________

(Enclose an attested copy of the caste certificate issued by the appropriate authority in the prescribed proforma appended to this application.)

14. (a) Do you belong to Physically Handicapped category? (Yes/No): ______________________

(b) If the answer to (a) above is yes, state the nature and degree of disability and enclose an attested copy of a Medical Certificate issued by the Surgeon/Medical Officer of the Government Hospital/Medical Board in the prescribed form:

______________________________________________________________________________

15. Qualifications —

(a) Educational: __________________________

(b) Professional: ______________________

(c) Particulars of examinations passed commencing from S.S.L.C./Senior Secondary examination onwards:

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<th>Name of the Examination</th>
<th>Year of Passing the Exam.</th>
<th>Roll No.</th>
<th>Board/University/Institution</th>
<th>Rank/Div.</th>
<th>Percentage of Marks Obtained</th>
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16. (a) Are you receiving any other Scholarship/Financial Assistance for pursuing ‘Company Secretaryship Course’? (Yes/No): ______________________

(b) If yes, please indicate the amount of Scholarship/Financial Assistance: Rs. ___________________________ Per month, ___________________________ Per annum

(c) Name and Address of the organisation which has awarded you Scholarship/Financial Assistance:

______________________________________________________________________________

______________________________________________________________________________

I hereby certify and declare that all statements made in this application and documents furnished herewith are true, complete and correct to the best of my knowledge and belief and that no information having a bearing on selection for award of financial assistance has been concealed, distorted or withheld.

If any of the information given hereinabove is found to be incorrect or wrong or suppressed, I undertake that I shall be liable to remit back to the Institute the entire sum of amount received towards financial assistance and/or to disciplinary action as the Institute may deem fit. Further, I agree to abide by the rules and regulations framed by the Institute from time to time for administration of the financial assistance scheme.

Place: ___________________________ Date: ___________________________

(Signature of Applicant)

COUNTER SIGNATURE OF:

Member of Parliament/
Member of Legislative Assembly/
Member of the Institute (ACS/FCS)/
Magistrate/Munshiff/Notary Public/
Gazetted Officer/Employer Organisation

Signature with date, Designation
and Office Seal

Name: ___________________________

Designation: ______________________

Professional Membership No. (if any): __________________________

Address: __________________________

______________________________________________________________________________
DECLARATION OF INCOME

NOTE: THIS ‘DECLARATION OF INCOME’ MUST BE SUPPORTED BY ATTESTED COPY(IES) OF SALARY CERTIFICATE(S)/PENSION CERTIFICATE/INCOME-TAX RETURN DOCUMENTS AND/OR IN LIEU THEREOF AN AFFIDAVIT ON A STAMP PAPER OF Rs.5, DULY ATTESTED BY A NOTARY PUBLIC/ MAGISTRATE AS OTHERWISE THE APPLICATION FOR AWARD OF MERIT-CUM-MEANS ASSISTANCE WILL BE LIABLE TO BE REJECTED.

I, __________________________________________ son/daughter of Shri _______________________________, resident of __________________________________________________________________________________, Town/City ______________________________ State _________________________ PIN : _________________,

solemnly declare that —

(i) my monthly total income is Rs. ______________________ (Salary*/Income* Certificate enclosed.)

(ii) the monthly total income of my parents (both father & mother)*/guardian*/spouse* is Rs. ____________ (Salary*/Income*/Pension* Certificate enclosed).

(iii) the yearly combined income of my parents (both father & mother)*/guardian*/spouse* and myself from all sources is Rs.___________________ (Rupees __________________________________________________________________________________).

(iv) the declaration given above is correct to the best of my knowledge and belief.

Signature of Applicant :  ______________________
Place : _____________________ Name : ________________________________
Date : _____________________ Student Regn. No. (if any) : __________________

COUNTER SIGNATURE OF :

Member of Parliament/ Member of Legislative Assembly/ Member of the Institute (ACS/FCS)/ Magistrate/Munshiff/Notary Public/ Gazetted Officer/Employer Organisation

Signature with date, Designation and Office Seal

Name : ________________________________
Designation : ________________________________

Professional Membership No. (if any) : __________________
Address : _______________________________________
____________________________________

Phone No. (with STD Code)_________________ Mobile No.: __________________

*Delete whichever is not applicable.
NOTE: THE CASTE CERTIFICATE IS REQUIRED TO BE SUBMITTED BY THE SCHEDULED CASTE/TRIBE CANDIDATE ALONG WITH HIS/HER APPLICATION AS OTHERWISE THE APPLICATION FOR AWARD OF MERIT-CUM-MEANS ASSISTANCE WILL BE LIABLE TO BE REJECTED.

This is to certify that Mr./Miss/Mrs. ________________________________________________________
son/daughter of __________________________________________ resident of ________________________
______________________________________________________ belongs to ____________________________
Caste/Tribe which is recognised as a Scheduled Caste/Tribe.

2. Mr./Miss/Mrs. ________________________________________________ and/or his/her family ordinarily
resides in village/town ______________________________________ of ____________________________
District/Taluk of the State/Union Territory of ________________________________.

Place : __________________
Date : __________________
________________________ (Signature with *Designation and Office Seal)

*Officers competent to issue Scheduled Caste/Tribe Certificate —

(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/First Class Stipendiary Magistrate/City Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of First Class Stipendiary Magistrate).

(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar

(iv) Sub-divisional Officer of the area where the candidate and/or his/her family normally resides.