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

CENTRE FOR CORPORATE GOVERNANCE, RESEARCH & TRAINING (CCGRT)

Registration Form for
13th Residential Management Skills Orientation Program (MSOP)
(Friday, June 01 to Friday, June 15, 2012)

Venue: ICSI-CCGRT, Plot No. 101, Sector 15, Institutional Area, CBD Belapur, Navi Mumbai – 400 614

PERSONAL DETAILS:

Affix your recent passport colour photograph here (Do not staple)

Name : _____

Age : _____ years Qualifications : _____

Experience (Other than Management training) : _____ years

Address for correspondence: _____

_____

City _____ State _____ Pin: _____

STD Code Telephone Number

Telephone No. (Res.) : _____

Telephone No. (Off.) : _____

Mobile : _____

Email ID : _____

Name & Telephone No. of Parent / Guardian _____

PROFESSIONAL DETAILS :

ICSI Student Registration No. _____

Date of completion of TOP : _____

No of months of practical training completed _____/Ref. No. of exemption, if any_____

FEE DETAILS :

(The DD amounting ₹ 18,000/- has to be drawn in favour of "**ICSI-CCGRT A/c**". payable at Mumbai.)

DD No. _____ Date of issue _____

Name of Bank _____ Place of issue _____

Checklist

1. Bank Draft/ local cheque of ₹ 18,000/- ☐
2. Photocopy of Final Pass Mark Sheet / Passing Certificate ☐
3. Photocopy of Management Training Completion Certificate Or 3. Photocopy of Exemption Certificate ☐
4. Photocopy of TOP Completion Certificate ☐

Signature _____ Date _____

The duly filled Registration form along with supporting documents and prescribed fees may be sent to **Shri Gopal Chalam, Dean,** ICSI-CCGRT, Plot No. 101, Sector 15, Institutional Area, CBD Belapur, Navi Mumbai – 400 614.
For clarifications please contact us at ☎ 022 – 41021504 / 27577814/15 Fax : 022 – 27574384 or e-mail us at icsiccgrt@gmail.com

Confirmation of your registration will be sent to you through e-mail within 7 days of receipt of your completed application along with fees.

For Office use only
Receipt No. _____ Date : _____