



Name of Regional Council/Chapter: **Jodhpur Chapter**

Application form for admission in Management Skill Orientation Program (MSOP)

Name of student :			Registration No. :			Please affix a recent passport size photograph
Particulars of passing Executive Programme Examination : (Please attach photo copy of pass mark sheet of all groups/modules)			Mobile No:			
Group/Module	Session of passing	Roll No.	e-mail ID :			
Group/Module-I						
Group/Module-II						
Particulars of passing Final / Professional Programme Examination : (Please attach photo copy of pass mark sheet of all groups/modules)						
Group/Module	Session of passing	Roll No.	Address for correspondence :			
Group/Module-I						
Group/Module-II						
Group/Module-III						
Module-IV						
Details of trainings (undergone / or exempted)						
(If undergone, please attach copy of "Training Completion Certificate". If exempted, please attach copy of institute's training exemption letter)						
Earlier Training Structure			Modified Training Structure			
(i) Management Training / Apprenticeship Training (Regulation 48)	12 months	Undergone/ Exempted	Management Training / Apprenticeship Training (Regulation 46AB)	12 months	Undergone/ Exempted	
(ii) Practical Training						
(a) Secretarial / Legal Deptt.	1 month	Undergone/ Exempted	Are you employed? (please mention followings) Designation : Office Address : Telephone No. (Office) :			
(b) Finance / Accounts Deptt.	1 month	Undergone/ Exempted				
(c) Personnel & Admin Deptt.	1 month	Undergone/ Exempted				
(d) Specialized training (ROC/SE/FI etc)	15 days	Undergone/ Exempted				
						If student has passed/completed Executive Program in June 2015 exam session or afterwards, he/she is required to complete following Programs also, before taking admission in MSOP.
Details of EDP (please attach copy of completion certificate)			Details of 2 days PIP (please attach copy of completion certificate)			
Place :	From	To	Place :	From	To	
Details of PDP (please attach copy of completion certificate)			Details of 3 days PEGP (please attach copy of completion certificate)			
	Place	PDP hours granted	Date of programme	Place :	From	To
(i)						
(ii)						
(iii)						
(iv)				Details of 5 days PEDP (please attach copy of completion certificate)		
				Place :	From	To
Details of MSOP Fees paid (If paying through demand draft, it should be drawn in favour of "....." payable at ".....")						
Amount :	DD No. /CASH RECEIPT No. :	Date :	Bank:			
Declaration by student						
I _____ do hereby declare that the particulars given above are true to the best of my knowledge and belief. I also agree that providing false particulars amounts to misconduct and if any misconduct is observed on my part in terms of Regulation 55A of the Company Secretaries Regulations, 1982 (as amended time-to-time), I shall abide by the decision of the Council which may suspend or cancel my registration as a student or may suspend or debar me from appearing in anyone or more examinations of the Institute or direct that any period of training already undergone shall not be reckoned for the purpose of Regulation 48 or 50 or declare that I am not fit and appropriate person to be admitted as an Associate Member of the Institute. Place : Date :						
Signature of student						
For Office use only (at respective Regional Office / Chapter)						
Received by :	Receipt No.	Date of receiving :	Signature of MSOP Co-ordinator of RO/Chapter :			
Signature of dealing Assistant						