

S.No.....

MORNING / EVENING



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

SOUTHERN  
INDIA  
REGIONAL  
COUNCIL

ACK No.....

DATE .....

**ORAL COACHING CLASSES - FOUNDATION PROGRAMME  
APPLICATION FORM**

1. Name : .....

2. Registration Number : .....

3. Qualification : .....

4. Address for Communication : .....

Pin.....Phone : .....

Email.....Mobile .....

5. Occupational Address : .....  
if any, alongwith designation etc. ....

Pin.....Phone : .....

I remit herewith a sum of Rs.5600/- towards Oral Coaching fee for Foundation Programme.

I hereby declare that the information given above are correct to the best of my knowledge and I Undertake to abide by the rules and regulations relating to the Oral Coaching Scheme.

PLACE :

DATE :

.....  
SIGNATURE