



Form No: _____

**APPLICATION FOR ADMISSION
INTO OTC CLASSES**

Roll No : _____

**ICSI-WIRC PREMISES – NARIMAN POINT MORNING/ AFTERNOON
BATCH/ BORIVALI CENTRE**

RECENT
PASSPORT
SIZE
PHOTOGRAPH

**FOR FOUNDATION/ EXECUTIVE & PROFESSIONAL PROGRAMME
DECEMBER / JUNE 20 EXAM (MODULE I / II/ III) / BOTH**

1) NAME IN FULL(CAPITAL) _____

2) Registration No.: _____ 3) Date of Birth: _____

4) Permanent Address: _____

5) Communication Address: _____

6) Tel(R): _____ Mobile No. _____ Mobile no. of Parent _____

7) e-mail: _____ 8) Qualification: _____

9) Fees once paid is Non-Refundable and Non-Transferable under any circumstance.

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 or study centre.

Please accept my payment of Rs./- as detailed below.

(The local DD/cheque has to be drawn in favour of “WIRC OF ICSI”. Payable at Mumbai.)

1. Cheque/ DD No..... Chq/DD Dated..... Bank

Date:.....

(Signature of the Student)

(For office use only)

Received fees for Rs. _____ by Cash / Cheq/DD No. _____ Cheq/DD Dt. _____

drawn on (Bank Name) _____ Receipt No. _____

Date:

Authorised Signatory