



**THE INSTITUTE OF
Company Secretaries of India**

भारतीय कम्पनी सचिव संस्थान

IN PURSUIT OF PROFESSIONAL EXCELLENCE

Statutory body under an Act of Parliament

ICSI-CENTRE FOR
CORPORATE
GOVERNANCE
RESEARCH &
TRAINING

**Registration Form for
59th Residential Management Skills Orientation Program (R-MSOP)
(Thursday, February 08, 2018 to Friday, February 23, 2018)**

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

PERSONAL DETAILS:

Name: _____

Age: _____ years Qualifications: _____

Experience (Other than Management training): _____ years

Name of PCS/Firm _____

Address for correspondence: _____

City _____ State _____ Pin: _____

Telephone No. (Res.): _____

Telephone No. (Off.): _____

Mobile: _____

Email ID: _____

Name & Telephone No. of Parent / Guardian _____

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

PROFESSIONAL DETAILS:

ICSI Student Registration No. _____

Date of completion of TOP / EDP: _____

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

FEE DETAILS:

(The DD amounting ₹ 22,000/- 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 (in case of localities of Mumbai) of ₹ 22,000/-
2. Photocopy of Final Pass Mark Sheet (issued by ICSI) / Passing Certificate
(Computer generated copies of mark sheet won't be accepted)
3. Photocopy of Management Training Completion Certificate or Photocopy of Exemption Certificate
4. Photocopy of TOP/ EDP Completion Certificate
5. Photocopy of Sponsorship letter / Apprenticeship Training (15 months Management Training)
6. Photocopy of PDP Certificate (24 Hours)

Signature _____

Date _____

The duly filled Registration form along with supporting documents and prescribed fees may be sent to **Dr. Tarun Pandeya, Dean,** ICSI-CCGRT, Plot No. 101, Sector 15, Institutional Area, CBD Belapur, Navi Mumbai – 400 614.

For clarifications please contact us at 022 – 41021501 / 27577814/15 Fax: 022 – 27574384 or
e-mail us at icsiccgrtmsop@gmail.com

Confirmation of your participation will be sent to you through e-mail once the verification stages completes and eligibility is cleared from the DTE of Training and Placement, ICSI, HQ, Noida.

In case of cancellation / refund applicable amount charges shall be deducted

For Office use only

Receipt No. _____

Date: _____