



Registration Form for Annual Membership Scheme

The Program Co-ordinator
ICSI-CCGRT, Plot No. 101, Sector 15,
Institutional Area,
CBD Belapur,
Navi Mumbai - 400 614

Dear Sir

Please register me/following delegate/s under the Annual Membership Scheme (2016-2017). The details are given below:-

Name & Designation:
ACS / FCS NoCompany/Bank/Institution:.....
Address:
Telephone: Off: Res: Fax:
Email: Mobile:

I am / we are enclosing herewith DD / Cheque No.: _____ for Rs. _____ dated __/__/__
drawn on _____ Bank in favour of "ICSI-CCGRT A/c" payable at Mumbai.

Scheme Opted: Scheme I Scheme II Scheme III Scheme IV

Scheme to be effected from (MM/YYYY) _____

Scheme I

- Membership fee of ₹ 6,500/-*
- Entitled to attend 06 select programs at CCGRT
- Validity - 06 months from the month of registration

Scheme II

- Membership fee of ₹ 12,500/-*
- Entitled to attend 12 select programs at CCGRT
- Validity -12 months from the month of registration

Scheme III

- Membership @ ₹ 21,000/- *
- Entitled to attend 20 select programs at CCGRT
- Validity of 12 months form the month of registration

Scheme IV

- Only outstation Members other than Mumbai, Navi Mumbai & Thane
- Membership fee of ₹ 9,500/-*
- Entitled to attend 06 select programs held at CCGRT
- Validity -12 months from the month of registration
- Accommodation at CCGRT will be complimentary subject to availability

For Office use only

Receipt No. _____ Date: _____ issued
Membership No: **CCGRT /** _____