## CHECKLIST TO BE SUBMITTED DULY SIGNED BY THE STUDENT AT THE TIME OF

## APPLYING FOR ADMISSION AS AN ASSOCIATE MEMBERSHIP OF ICSI

SL. NO	PARTICULARS	TICK THE CHECK BOX
1.	Form-A (Scan copy of Form A duly signed)	
2.	Passport Size coloured photograph	
3.	Certificate of fitness	
4.	Proof of Date of Birth  (Self Attested (with Name and date) photocopy of Admit Card of Class Xth or certificate or marks sheet of class Xth or School Leaving Certificate (in which your date of Birth and full name is mentioned) or Self Attested (with Name and date) photocopy of passport)  (Should be self attested with date, by the applicant)	
5.	Proof of Graduation/ Foundation pass of ICAI(Cost)/CPT pass of ICAI  (Self Attested (with Name and date) photocopy of Degree of Graduation provided by the University concerned (please attach all parts of Marks sheets of Graduation, if degree certificate is not yet received from the university.)/Marks sheet/certificate of Foundation pass of ICAI(Cost)/CPT pass of ICAI or attach photocopy of Marks Sheet/ or certificate of Foundation Examination of ICSI, if student has passed Foundation Programme Examination of ICSI), or Certificate of CS Executive Entrance Test((CSEET)  (Should be self attested with date, by the applicant)	
6.	Proof of passing of Professional Programme or Final Examination of ICSI	
7.	Training Clearance Certificate issued by Dte. of Training	
8.	Fee  □Entrance fee for Associate Membership: Rs. 2000/-  □Annual Subscription for ACS: Rs. 1500/- (if applying between April- Sept.)  OR  Rs. 750/- (if applying between Oct- March)  Copy of PAN and Aadhar card (Also fill the details in Form A)	
00.	Oopy of the and radial card (riso in the details in Form A)	

## FORM 'A' APPLICATION FOR ADMISSION AS AN ASSOCIATE MEMBER

[See Reg. 5(1)]

To,	
The Secretary to the Council of	
The Institute of Company Secretaries of India	
'ICSI House', 22, Institutional Area, Lodi Road,	
New Delhi - 110 003	
Sir.	

I hereby apply for admission as Associate Member of the Institute of Company Secretaries of India in accordance with the provisions contained in the Company Secretaries Act, 1980 and the Regulations made there under and declare that I am not subject to any of the disabilities stated in the Act or the regulations of the Institute. The required particulars are furnished below:

1.	Name in Full				
	(In Block Letters)				
		Surname	Middle	Name	First Name
2.	Father's Name				
3.	Date of Birth*				
		Day	Month	Year	
4.	(i) Nationality (ii) Citizenship				
	(iii) Domicile (Permanent place of residence)				
5.	If not an Indian citizen, whether Certificate of Indian Domicile has been obtained**	Yes	]	No	
6.	Educational/Professional Qualifications				
7.	Address (In Capital Letters) (i) Professional***	Designation			
	(i) Trotessional		1		
		City			

		G
		State
		Pin Code
		Telephone NoFax No
		E.mail
		Cellular No Website:
		PAN Number :
		UID Number :
	(ii) Residential	
		City
		State Pin Code
		Cell No
		Telephone No
		Fax No
		E-mail
	(iii) Address for all correspondence (Please tick desired address)	
		Professional Residential
8	(a) Registration Number as a	<i></i>
	student for Company Secretaries	· ·
	Examinations conducted by the	Passed in (Month & Year)
	Company/Institute with month &	Licentiate No. (if enrolled as Licentiate ICSI)
	year of passing the Final	Licentiate 140. (ii elitotied as Licentiate (CSI)
	examination	

	(b) Particulars of such other company secretaryship qualification acquired from foreign	ip (i)		Nam	ne of Foreign Body	
	body recognised by the Central Government/the Council as being equivalent to the Institute's			Student Registration No.		
	examination and training	(iii)		Date	e of Registration	
		(iv)			on the Final Examination of that body	
		(v)		nission	nbership number, date & place of	
				nip No	Place	
9	Details of Practical experience a	Date   Date		ovided u	nder regulation <b>46 AB</b> (1) <b>or</b> 48 of	
	Company Secretaries Regulations		as am	ended up	to 1 <sup>st</sup> April, 2014)	
	Name of the organisation, paid- up share capital/reserves, if any		Period		Nature of supervisory Experience with designation	
		From		То		
10	Details of marking the initial control	1	1	1 - 4:	on 50 of the Company Secretaries	
	Regulations, 1982 under the old training structure applicable to the students registered for Executive Programme on or before 31st March, 2014 who did not opt for the new training structure.					
	Name of organisation	Peri			d of Training	
		F	rom		То	
Details of training undergone with specialized agency under regulation 50(l Secretaries Regulations, 1982 under the old training structure applicab registered for Executive Programme on or before 31st March, 2014 whether the new training structure.				tructure applicable to the students		
				Peri	od of Training	
	Name of Organisation	From			То	
12	Details of total or partial exemption from training granted under regulation <b>46 AB (2) or</b> 48, 51, 52 & 53					
	D: 1	Details of Exemption				
	Period	Keg	ulatior	l	Nature of Training	
13	Details of Management Skills Orici	entation	Progra	amme (M	SOP) /(SMTP) attended:	
	(ii) Period: From			То		
14	I hereby declare that I am/am not a permanent resident of India/resident outside India under the Foreign Exchange Management Act, 1999.					

15	I hereby undertake that if admitted as an associate member of the Institute, I shall be bound by the Company Secretaries Act, 1980 and the regulations made there-under as amended from time to time and shall abide by such bye-laws, rules, standing orders, directions, conditions or guidelines as may be laid down by the Council and made applicable to me from time to time.				
16	I enclose  i. Two fitness certificates from two members having at least three years standing as members of the Institute.  ii. Specimen signature card with photograph.				
	iii. <b>I voluntarily submit my CSBF application</b> form for enrolment as member of Company Secretaries Benevolent Fund with a DD/Cheque for Rs. 10,000/drawn in favour of 'Company Secretaries Benevolent Fund' towards Life Membership fee.				
	Note: Please upload photo image and signature after getting ACS Membership Number.				

I solemnly declare that what I have stated above is true and correct to the best of my knowledge and belief.

Yours faithfully,

Place Date

Signature

\_\_\_\_\_\_

\* Applicant is requested to attach photocopies of certificates of his/her date of birth and degree Examination(s) self attested (with name and date).

- \*\* Applicant is requested to attach certificate of Indian Domicile in original alongwith Photostat copy thereof, if applicable.
- \*\*\* In case professional address is not provided, the residential address would be treated as professional address and also communication address by default and the same would be displayed on the website

\*\*\*\* Rs. 2000/- Entrance Fee

Rs. 1500/- Annual Associate Membership Fee (Rs. 750/- if admitted during October-March)

-----

**Total Rs. 3,500/-** (Excluding GST@18%)

## CERTIFICATE OF FITNESS FOR ADMISSION TO ASSOCIATE MEMBERSHIP

(Pursuant to regulation 54/46AD)

Certified that Mr./Ms who is applying for being admitted as an Associate member of "The Institute of Company Secretaries of India" and claims to have acquired necessary practical experience and undergone the prescribed practical training, is in my opinion, a fit and appropriate person to be admitted to the membership of the Institute.					
	Signature				
Date:	Name				
Place:	Membership No. ACS/FCS				
CERTIFICATE OF FITNESS FOR ADMISSIO (Pursuant to regulation					
Certified that Mr./Ms who is applying for being admitted as an Ass Company Secretaries of India" and claims to experience and undergone the prescribed practica appropriate person to be admitted to the membership	have acquired necessary practical training, is in my opinion, a fit and				
	Signature				
Date:	Name				
Place:	Membership No. ACS/FCS				

Note: Certificate of Fitness for admission to Associate Membership are to be obtained at least from two members having a standing of three years membership.