



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

**CENTRE FOR
CORPORATE
GOVERNANCE,
RESEARCH &
TRAINING (CCGRT)**

Announces!!!

SPECIAL RESIDENTIAL MANAGEMENT SKILLS ORIENTATION PROGRAM (R-MSOP)

Monday, October 07, 2013 to Tuesday, October 22, 2013

ICSI - Centre for Corporate Governance, Research & Training (CCGRT) is organizing its Special Residential Management Skills Orientation Program (MSOP) from Monday, October 07, 2013 to Tuesday, October 22, 2013.

All the final passed candidates from anywhere in India and having completed TOP and Management Training or been exempted from training are eligible to attend. For details and registration interested students may email to the Program Co-ordinator R-MSOP, ICSI-CCGRT, Plot No. 101, Sector - 15, Institutional Area, CBD Belapur, Navi Mumbai - 400 614.

Registration form is also attached.

☎ (022) 4102 1501-15/ (022) 27577814 Fax : (022) 2757 4384, Email : icsiccgrt@gmail.com / ccgrt@icsi.edu

ICSI-CCGRT: Plot No. 101, Sector -15, Institutional Area, CBD Belapur, Navi Mumbai - 400 614
☎ 022 - 2757 7814-15, 4102 1515, **Fax:** 022 - 2757 4384 ✉ icsiccgrt@gmail.com **website** <http://www.icsi.edu/ccgrt>



**Registration Form for
Special Batch - Residential Management Skills Orientation Program (R-MSOP)
(Monday, October 07, 2013 to Tuesday, October 22, 2013)**

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: _____

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

City _____ State _____ Pin: _____

STD Code

Telephone Number

Telephone No. (Res.) : _____

Telephone No. (Off.) : _____

Mobile : _____

Email ID : _____

Name & Telephone No. of Parent / Guardian _____

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 ₹ 18,000/- 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 of ₹ 18,000/-
 - 2. Photocopy of Final Pass Mark Sheet / Passing Certificate
 - 3. Photocopy of Management Training Completion Certificate Or Photocopy of Exemption Certificate
 - 4. Photocopy of TOP/ EDP Completion Certificate

Signature _____

Date _____

The duly filled Registration form along with supporting documents and prescribed fees may be sent to **Shri Gopal Chalam, Dean, ICSI-CCGRT, Plot No. 101, Sector 15, Institutional Area, CBD Belapur, Navi Mumbai – 400 614.**
For clarifications please contact us at ☎ 022 – 41021504 / 27577814/15 Fax: 022 – 27574384 or
e-mail us at icsiccgrrt@gmail.com

Confirmation of your registration will be sent to you through e-mail within 7 days of receipt of your completed application along with fees.

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

For Office use only

Receipt No. _____ Date : _____