

ICSI CONVOCATION-2017/1 (Western Region) REGISTRATION FORM (Session-I)

The Joint Secretary (Membership)
The Institute of Company Secretaries of India
ICSI House, 22, Institutional Area
Lodi Road, New Delhi-110003

Dear Sir,

Please register Mr./Ms. _____ as a member for attending the ICSI Convocation-2017/1 (Western Region), 1st Session, to be held on Monday, 31st July, 2017 at 08:00 A.M. (Reporting Time) at Birla Matushri Sabhagar (Bombay Hospital Trust), 19, Marine Lines, Mumbai-400 020.

The particulars of the member are as under:-

1.	Name of the Candidate (in Capital letters)		
2.	Residential Address		Address of the Candidate (for correspondence pertaining to ICSI Convocation)
3.	Mobile No.	E-Mail	
4.	Telephone Nos. (incl. STD Code)	Fax Nos.	
5.	ACS No.	CP No.	Student Regn. No.
6.	Name(s) of Accompanying Family Members/Guests (Max 2 nos.)		
	i)		
	ii)		

Yours faithfully,

(Signature of the Candidate)

Note:

- Please mention your E-Mail / Mobile Number in this form legibly.