**PERFORMA\_E**

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REIMBURSEMENT FORM FOR STUDENT REGISTRATION

Name of the ICSI Counsellor:

Assigned District / State / Region:

REIMBURSEMENT FOR REGISTRATION OF STUDENTS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Name of the Student registered** | **Father / Mother Name** | **Date of Registration** | **Programme**  **(CS Foundation / CS Executive Programme)** | **Registration No.** | **Contact No.** | **Email Id** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

**Place:**

**Date: Signature**