

Self declaration for the purpose of applying for Certificate of Practice of ICSI

Date:

The Directorate of Membership
The Institute of Company Secretaries of India
ICSI House
C-36, Sector 62
Noida-201301

Dear Sir/Madam,

I, Mr./Ms.(name in block letters)
S/W/D/o.....R/o.....
....., being an Associate / Fellow member of the Institute of Company Secretaries of India (ICSI) (bearing Membership Number _____ and admitted on _____) hereby apply for issuance of Certificate of Practice in accordance with the provisions contained in the Company Secretaries Act, 1980 and Regulations made thereunder and do hereby solemnly declare as under:

- (a) that I am not subject to any of the disabilities stated in the aforesaid Act or the Regulations.
- (b) that I am not employed in or associated with any organisation as on date;
- (c) that my last employment was with _____ (name of organization/firm) that ended on..... (copy of Relieving letter/Form 32 /DIR-12 is enclosed);
- (d) that I am not currently holding certificate of practice of Institute of Chartered Accountants of India, Institute of Cost Accountants of India or any Bar Council of India or any other professional body;
- (e) that the information furnished above is true and correct to the best of my knowledge and belief and that I understand that my application for issuance of certificate of practice will be considered on the basis of correctness of the particulars furnished here-in above.
- (f) that I shall not engage in any business or occupation other than the profession of Company Secretary;
- (g) that I shall comply with the guidelines issued by the Council from time to time;
- (h) that after issuance of the certificate of practice by ICSI if it is found that the certificate was issued on the basis of incorrect, misleading or false information provided by me or by mistake or inadvertence on the part of ICSI then I agree that the certificate will be liable for cancellation forthwith;
- (i) that after issuance of the certificate of practice by ICSI if I cease to be in practice, I shall intimate the same to ICSI in writing /through email not later than 30 days from the date I cease to be in practice and shall surrender forthwith the certificate of practice held by me to ICSI;
- (j) that after issuance of the certificate of practice by ICSI if it is cancelled under Regulation 11 of The Company Secretaries Regulations, 1982 then I shall surrender the certificate to ICSI within 15 days from the date of receipt of notice of such cancellation or from the date of notification thereof published in the Chartered Secretary Journal;
- (k) that after issuance of the certificate of practice, if I so desire to renew it annually then I shall ensure that the payment of the appropriate annual membership fee and the annual certificate of practice fee reaches ICSI respectively by 30th June and 30th September of that year or by the last extended date thereof as decided by the Council, otherwise I shall be liable to pay any other additional fee as determined by ICSI thereof such as entrance fee and restoration fee (applicable for restoration of membership, if required) and restoration fee (applicable for restoration of certificate of practice);

- (l) that for renewal/restoration of my certificate of practice, I shall first renew/restore my membership and pay the annual membership or any other additional fee thereof prior to paying my annual certificate of practice;
- (m) that if my name is removed from the Register of members of ICSI due to any reason whatsoever then I concur that during that period my certificate of practice shall remain suspended.

I also hereby undertake that if issued the certificate of practice 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.

Thanking you,

Yours faithfully,

(Signature)

Membership Number:

Mobile:

Email id: