



**THE INSTITUTE OF
Company Secretaries of India**
भारतीय कम्पनी सचिव संस्थान
IN PURSUIT OF PROFESSIONAL EXCELLENCE
Statutory body under an Act of Parliament
(Under the jurisdiction of Ministry of Corporate Affairs)

**INDORE
CHAPTER**

Registration Form

ONE DAY ORIENTATION PROGRAM FOR EXECUTIVE PROGRAM

(Applicable for Student registered on or after 01.06.2019)

PHOTO

PERSONAL DETAILS:

Name: _____

Registration No.: _____

Educational Qualification: _____

Address for correspondence: _____

City _____ State _____ Pin _____

Telephoto with STD Cod (Res.) _____ Mobile: _____

Email-ID: _____

Please attach Copy of ICSI Student Identity Card (Download same from ICSI Smash Login)

Signature: _____

Date: _____

The duly filled Registration form along with the supporting documents to be submitted to Program Coordinator, (Student) ICSI-Indore Chapter B/1-2-3 Ashray Apartment 2/1 Manoramganj Indore - 452001.

For Clarifications please e-mail us at icsi.indore@gmail.com or call at 0731-2494552/4248181 during working hours.

For office use only

Date of Receipt: _____

