



## Registration Form for Professional Course

### 3<sup>rd</sup> Professional Batch - Full Time Integrated Company Secretary Course

#### PERSONAL DETAILS:

Name: \_\_\_\_\_

Age: \_\_\_\_\_ years Qualifications: \_\_\_\_\_

Year / Session of Executive Programme cleared \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin: \_\_\_\_\_

Telephone No. (Res.): \_\_\_\_\_

Telephone No. (Off.): \_\_\_\_\_

Mobile: \_\_\_\_\_

Email ID: \_\_\_\_\_

Name & Telephone No. of Parent / Guardian \_\_\_\_\_

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

#### PROFESSIONAL DETAILS:

ICSI Student Registration No. \_\_\_\_\_

#### ENCLOSURE:

Photocopy of Executive Pass Mark Sheet (issued by ICSI)

Signature \_\_\_\_\_

Date \_\_\_\_\_

The duly filled Registration form along with supporting documents may be sent to **Dr. Tarun Pandeya, Dean**, ICSI-CCGRT, Plot No. 101, Sector 15, Institutional Area, CBD Belapur, Navi Mumbai - 400 614.

For clarifications please contact us at 022 - 41021501 / 1502 or e-mail us at [ccgrt@icsi.edu](mailto:ccgrt@icsi.edu)

Confirmation of your admission will be sent to you through e-mail.