

**FORM 'A'**  
**APPLICATION FOR ADMISSION AS AN ASSOCIATE MEMBER**  
[See Reg. 5(1)]

To,  
The Secretary to the Council of  
The Institute of Company Secretaries of India  
'ICSI House', 22, Institutional Area, Lodi Road,  
New Delhi - 110 003



Sir,

I hereby apply for admission as Associate Member of the Institute of Company Secretaries of India in accordance with the provisions contained in the Company Secretaries Act, 1980 and the Regulations made there under and declare that I am not subject to any of the disabilities stated in the Act or the regulations of the Institute. The required particulars are furnished below:

1.	Name in Full (In Block Letters)	<hr/> Surname                  Middle Name                  First Name
2.	Father's Name	<hr/>
3.	Date of Birth*	<hr/> Day                  Month                  Year
4.	(i) Nationality  (ii) Citizenship  (iii) Domicile (Permanent place of residence)	<hr/> <hr/> <hr/>
5.	If not an Indian citizen, whether Certificate of Indian Domicile has been obtained**	<input type="checkbox"/> <input type="checkbox"/> Yes                  No
6.	Educational/Professional Qualifications	<hr/>
7.	Address (In Capital Letters) (i) Professional***	Designation _____ Name of Company/Organisation _____ <hr/> Address _____ <hr/> City _____

		State _____ Pin Code _____ Telephone No. _____ Fax No _____ E.mail _____ Cellular No. _____ Website : _____ PAN Number : _____ UID Number : _____
	(ii) Residential	_____ _____ _____ _____ City _____ State _____ Pin Code _____ Cell No _____ Telephone No. _____ Fax No. _____ E-mail _____
	(iii) Address for all correspondence (Please tick desired address)	<input type="checkbox"/> Professional <input type="checkbox"/> Residential
8	(a) Registration Number as a student for Company Secretaries Examinations conducted by the Company Law Board/Dissolved Company/Institute with month & year of passing the Final examination	Regn. No. _____ Name of the body _____ Passed in (Month & Year) _____ Licentiate No. (if enrolled as Licentiate ICSI) _____

	(b) Particulars of such other company secretaryship qualification acquired from foreign body recognised by the Central Government/the Council as being equivalent to the Institute's examination and training	(i) Name of Foreign Body _____ (ii) Student Registration No. _____ (iii) Date of Registration _____ (iv) Month, year & place from where appeared for the Final Examination of that body _____ (v) Membership number, date & place of admission Membership No. _____ Date _____ Place _____
9	Details of Practical experience acquired as provided under regulation <b>46 AB (1) or 48</b> of Company Secretaries Regulations, 1982 (as amended upto 1 <sup>st</sup> April, 2014)	
	Name of the organisation, paid-up share capital/reserves, if any	Period Nature of supervisory Experience with designation
		From To
10	Details of practical training undergone under regulation 50 of the Company Secretaries Regulations, 1982 <b>under the old training structure applicable to the students registered for Executive Programme on or before 31<sup>st</sup> March, 2014 who did not opt for the new training structure.</b>	
	Name of organisation	Period of Training From To
11	Details of training undergone with specialized agency under regulation 50(b) of the Company Secretaries Regulations, 1982 <b>under the old training structure applicable to the students registered for Executive Programme on or before 31<sup>st</sup> March, 2014 who did not opt for the new training structure.</b>	
	Name of Organisation	Period of Training From To
12	Details of total or partial exemption from training granted under regulation <b>46 AB (2) or 48, 51, 52 &amp; 53</b>	
	Details of Exemption	
	Period	Regulation Nature of Training
13	Details of Management Skills Orientation Programme (MSOP) /(SMTP) attended : (i) Organized by : _____ (ii) Period : From To	
14	I hereby declare that I am/am not a permanent resident of India/resident outside India under the Foreign Exchange Management Act, 1999.	

15	I hereby undertake that if admitted as an associate member 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.
16	<p>I enclose</p> <ol style="list-style-type: none"> <li>i. Two fitness certificates from two members having at least three years standing as members of the Institute.</li> <li>ii. Specimen signature card with photograph.</li> <li>iii. <b>I voluntarily submit my CSBF application</b> form for enrolment as member of Company Secretaries Benevolent Fund with a DD/Cheque for Rs. 10,000/- drawn in favour of 'Company Secretaries Benevolent Fund' towards Life Membership fee.</li> </ol> <p>Note: Please upload photo image and signature after getting ACS Membership Number.</p>

I solemnly declare that what I have stated above is true and correct to the best of my knowledge and belief.

Yours faithfully,

Place  
Date

Signature

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- \* Applicant is requested to attach photocopies of certificates of his/her date of birth and degree Examination(s) self attested (with name and date).
  - \*\* Applicant is requested to attach certificate of Indian Domicile in original alongwith Photostat copy thereof, if applicable.
  - \*\*\* **In case professional address is not provided, the residential address would be treated as professional address and also communication address by default and the same would be displayed on the website**
  - \*\*\*\* Rs. 2000/- Entrance Fee  
Rs. 1500/- Annual Associate Membership Fee (Rs. 750/- if admitted during October-March)

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**Total Rs. 3,500/-**

**CERTIFICATE OF FITNESS FOR ADMISSION TO ASSOCIATE MEMBERSHIP**  
(Pursuant to regulation 54/46AD)

Certified that Mr./Ms. \_\_\_\_\_  
who is applying for being admitted as an Associate member of “The Institute of Company Secretaries of India” and claims to have acquired necessary practical experience and undergone the prescribed practical training, is in my opinion, a fit and appropriate person to be admitted to the membership of the Institute.

Signature \_\_\_\_\_

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

Place : Membership No. ACS/FCS \_\_\_\_\_

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Signature \_\_\_\_\_

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

Place : Membership No. ACS/FCS \_\_\_\_\_

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***Note: Certificate of Fitness for admission to Associate Membership are to be obtained at least from two members having a standing of three years membership.***

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1. Booth No. \_\_\_\_\_ Sr. No. \_\_\_\_\_

2. Booth No. \_\_\_\_\_ Sr. No. \_\_\_\_\_

3. Booth No. \_\_\_\_\_ Sr. No. \_\_\_\_\_

4. Booth No. \_\_\_\_\_ Sr. No. \_\_\_\_\_



**THE INSTITUTE OF  
Company Secretaries of India**

IN PURSUIT OF PROFESSIONAL EXCELLENCE

Statutory body under an Act of Parliament

ICSI HOUSE, 22, Institutional Area, Lodi Road, New Delhi-110 003.

**SPECIMEN SIGNATURE CARD**

Name.....  
(In capital letters)

ACS/FCS Number.....  
Specimen Signatures

1. _____
2. _____

<b>DULY SIGNED PASSPORT SIZE PHOTOGRAPH OF THE APPLICANT</b>
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**CHECKLIST TO BE SUBMITTED ALONGWITH FORM A DULY SIGNED BY THE  
STUDENT AT THE TIME OF APPLYING FOR ADMISSION AS AN ASSOCIATE  
MEMBERSHIP OF ICSI**

<b>SL. NO</b>	<b>PARTICULARS</b>	<b>TICK THE CHECK BOX</b>
1.	Form-A <i>In Original (duly signed)</i>	<input type="checkbox"/>
2.	Passport Size coloured photograph	<input type="checkbox"/>
3.	Specimen Signature Card	<input type="checkbox"/>
4.	Certificate of fitness	<input type="checkbox"/>
5.	Proof of Date of Birth (Self Attested (with Name and date) photocopy of Admit Card of Class Xth or certificate or marks sheet of class Xth or School Leaving Certificate ( <i>in which your date of Birth and full name is mentioned</i> ) or Self Attested (with Name and date) photocopy of passport) ( <i>Should be self attested with date, by the applicant</i> )	<input type="checkbox"/>
6.	Proof of Graduation/ Foundation pass of ICAI(Cost)/CPT pass of ICAI  (Self Attested (with Name and date) photocopy of Degree of Graduation provided by the University concerned ( <i>please attach all parts of Marks sheets of Graduation, if degree certificate is not yet received from the university.</i> )/Marks sheet/certificate of Foundation pass of ICAI(Cost)/CPT pass of ICAI or attach photocopy of Marks Sheet/ or certificate of Foundation Examination of ICSI, if student has passed Foundation Programme Examination of ICSI)  ( <i>Should be self attested with date, by the applicant</i> )	<input type="checkbox"/>
7.	Proof of passing of Professional Programme or Final Examination of ICSI	<input type="checkbox"/>
8.	Proof of completion of following Training requirements as per ICSI Regulations: - <input type="checkbox"/> EDP Completion Certificate ( <i>Previously TOP</i> ) <input type="checkbox"/> 24 hours PDP Completion Certificate ( <i>Previously ADP</i> ) <input type="checkbox"/> 15 days Academic Program (if applicable) <input type="checkbox"/> MSOP Completion Certificate ( <i>previously SMTP</i> )	<input type="checkbox"/>
9.	Proof of completion of all Training requirements as per ICSI Regulations <input type="checkbox"/> 15 months / 1Year /2year/3year Training Completion Certificate ( <i>Ensure submission of all Quarterly Reports and Project Report in respect of your training (duly authenticated by the trainer) with the Institute before applying for ACS.</i> ) OR 03 months (or as required) Practical Training Completion Certificate along a copy of letter granting exemption from 12 months or more training. 15 days specialised Training Completion Certificate with ROC/Stock Exchange / FI etc. OR A copy of letter granting Exemption from 15 days specialised training with ROC/Stock Exchange / FI etc. OR 12 months training exemption letter under modified training structure.	<input type="checkbox"/>

10.	<b>Fee</b> <input type="checkbox"/> Entrance fee for Associate Membership: Rs. 2000/-  <input type="checkbox"/> Annual Subscription for ACS: Rs. 1500/- ( <i>if applying between April- Sept.</i> ) <b>OR</b> Rs. 750/- ( <i>if applying between Oct- March</i> )	<input type="checkbox"/>
11	Copy of PAN and Aadhar card (Also fill the details in Form A)	<input type="checkbox"/>

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