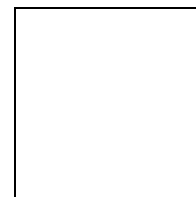


**FORM 'A'**  
**APPLICATION FOR ADMISSION AS AN ASSOCIATE MEMBER**

[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 <hr/> Name of Company/Organisation <hr/> <hr/> Address <hr/> <hr/>

		City _____ State _____ Pin Code _____ Telephone No. _____ Fax No _____ E.mail _____ Cellular No. _____ Website : _____ PAN Number : _____ UID Number : _____
	(ii) Residential	_____ _____ _____ _____ City _____ State _____ Pin Code _____ 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 48 of Company Secretaries Regulations, 1982	
	Name of the organisation, paid-up share capital/reserves, if any	Period From To Nature of supervisory Experience with designation
10	Details of practical training undergone under regulation 50 of the Company Secretaries Regulations, 1982	
	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	
	Name of Organisation	Period of Training From To
12	Details of total or partial exemption from training granted under regulation 48, 51, 52 & 53	
	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> <p>(ii) Two fitness certificates from two members having at least three years standing as members of the Institute.</p> <p>(iii) A demand draft/pay - in slip No. _____ dated _____ for Rs. _____**** drawn in favour of the Institute of Company Secretaries of India drawn on _____ (Bank) payable at New Delhi</p> <p>(iv) Specimen signature card with photograph.</p> <p>(v) Application form for enrolment as member of Company Secretaries Benevolent Fund with a DD/Cheque for Rs. 7,500/- drawn in favour of 'Company Secretaries Benevolent Fund' towards Life Membership fee.</p> <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

-----

\* Applicant is requested to send photocopies of certificates of his/her date of birth and degree Examination(s) attested by any office bearer or member of the Council/Regional Council/Managing Committee of the Chapter of the Institute or any Officer of the Institute of the rank of Desk officer or above.

\*\* Applicant is requested to send 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 communication address by default and the same would be displayed on the website.**

\*\*\*\*\* Rs. 1500/- Entrance Fee  
Rs. 1125/- Annual Associate Membership Fee (Rs. 562.50 if admitted during October-March)

**Rs. 500/- Necktie**  
**Rs.100 Lady Broche**

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

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\_\_\_\_\_

---

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

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\_\_\_\_\_



**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. \_\_\_\_\_

**DULY SIGNED  
PASSPORT SIZE  
PHOTOGRAPH OF  
THE APPLICANT**

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

Sr. No. \_\_\_\_\_

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

Sr. No. \_\_\_\_\_

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

Sr. No. \_\_\_\_\_

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

Sr. No. \_\_\_\_\_