

ICSI Debating Society Registration Form

AtRO/Chapter

Personal Information:

- Name:
- Registration Number:
- RO/ Chapter:
- Programme Enrolled (Executive/Professional):
- Module/Group Cleared (if applicable):
- Email Address:
- Contact Number:
- Alternate Contact No.:



PHOTO

Academic Information:

- Graduation:

Debating Experience (Optional):

- Have you participated in any debate competitions before? Yes/No
- If yes, please provide details:

Interests and Motivations:

- Why are you interested in joining the ICSI Debating Society?
- What are your expectations from the society?
- What skills or experience can you bring to the Debating Society?

Declaration:

I hereby declare that all the information provided above is true and accurate to the best of my knowledge. I understand and agree to abide by the Code of Conduct of the ICSI Debating Society. I further declare that I am not a Practicing Advocate, CA, CMA, and that I have not cleared all modules/groups of the Professional Programme.

Signature:

Date