

REGISTRATION FORM FOR ORAL TUTION CLASSES – HOOGHLY CHAPTER OF ICSI

FORM NO. _____

COURSE. _____

APPLICATION FOR ADMISSION INTO OTC CLASSES
ICSI-HOOGHLY CHAPTER PREMISES – RISHRA
AFTERNOON BATCH FOR FOUNDATION PROGRAMME DEC- 2019 EXAM

PASTE YOUR
RECENT
COLOUR
PASSPORT
SIZE PHOTO

1) Name of the Student: _____

2) Date of Birth: _____, 3) Registration No.: _____

4) Qualification: _____,

5) Permanent Address: _____

6) Communication Address: _____

7) Tel(R): _____ Student Mobile No. _____ Parents Mobile

No. _____, 8) Student e-mail: _____

9) Parents email: _____.

10) Please accept my payment of Rs./- as detailed below.

(Cash/ Cheque/ Demand Drafts to be drawn in favour of “The Institute of Comapnay Secretaries of India – Hooghly Chapter” payable at Rishra).

1. Cheque/ DD No..... Chq/DD Dated..... Bank Name.....

Date:.....

(Signature of the Student)

(For office use only)

Received fees for Rs. _____ by Cash /Cheq/DD No. _____ Cheq/DD

Dt. _____, Bank Name _____ Receipt No & Dt. _____

Date:

Authorised Signatory