THE INSTITUTE OF
Company Secretaries of India
भारतीय कम्पनी सचिव संस्थान
IN PURSUIT OF PROFESSIONAL EXCELLENCE
Statutory body under an Act of Parliament

WESTERN INDIA REGIONAL COUNCIL

Registration Form

One Day Orientation Program for Foundation Program

DAY, DATE & TIME : FRIDAY, JULY 19,2019 10:00 A.M. TO 06:00 P.M.

PERSONAL DETAILS:

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

Name : _____

Registration No.:_____

Educational Qualification: _____

Address for correspondence: _____

_____

_____

City _____State _____ Pin_____

Telephone No with STD Code (Res.) _____Mobile:_____

Email ID: _____

Checklist :

1. **Copy of Foundation program Registration Letter**
2. **Copy of Fees paid for registration**
3. **Copy of Student Identity Card**

Signature _____ Date : _____

The duly filled Registration form along with the supporting documents to be submitted to Program Coordinator, (Student) ICSI-WIRC, 56,57, 5th Floor, Nariman Point, Mumbai-400021. For Clarifications please e-mail us at bhavna.rakte@icsi.edu Confirmation of your registration will be sent to you through e-mail within week time of receipt of your enrollment.

For office use only

Date :_____