



Name of Regional Council/Chapter: _____

Application form for admission in Management Skill Orientation Program (MSOP)

| | | | | | | |
|--|----------------------------|------------------------|---|--|------------------------|--|
| Name of student : | | | Registration No. : | | | Please affix a recent passport size photograph |
| Particulars of passing Executive Programme Examination : (Please attach photo copy of pass mark sheet of all groups/modules) | | | Mobile No: | | | |
| Group/Module | Session of passing | Roll No. | e-mail ID : | | | |
| Group/Module-I | | | | | | |
| Group/Module-II | | | | | | |
| Particulars of passing Final / Professional Programme Examination : (Please attach photo copy of pass mark sheet of all groups/modules) | | | Address for correspondence : | | | |
| Group/Module | Session of passing | Roll No. | | | | |
| Group/Module-I | | | | | | |
| Group/Module-II | | | | | | |
| Group/Module-III | | | | | | |
| Module-IV | | | | | | |
| Details of trainings (undergone / or exempted) | | | | | | |
| (If undergone, please attach copy of "Training Completion Certificate". If exempted, please attach copy of institute's training exemption letter) | | | | | | |
| Earlier Training Structure | | | Modified Training Structure | | | |
| (i) Management Training / Apprenticeship Training (Regulation 48) | 12 months | Undergone/ Exempted | Management Training / Apprenticeship Training (Regulation 46AB) | 12 months | Undergone/ Exempted | |
| (ii) Practical Training | | | Are you employed? (please mention followings) Designation : Office Address : Telephone No. (Office) : | | | |
| (a) Secretarial / Legal Deptt. | 1 month | Undergone/ Exempted | | | | |
| (b) Finance / Accounts Deptt. | 1 month | Undergone/ Exempted | | | | |
| (c) Personnel & Admin Deptt. | 1 month | Undergone/ Exempted | | | | |
| (d) Specialized training (ROC/SE/FI etc) | 15 days | Undergone/ Exempted | | | | |
| | | | If student has passed/completed Executive Program in June 2015 exam session or afterwards, he/she is required to complete following Programs also, before taking admission in MSOP. | | | |
| Details of EDP (please attach copy of completion certificate) | | | Details of 2 days PIP (please attach copy of completion certificate) | | | |
| Place : | From | To | Place : | From | To | |
| | | | | | | |
| Details of PDP (please attach copy of completion certificate) | | | Details of 3 days PEGP (please attach copy of completion certificate) | | | |
| | Place | PDP hours granted | Date of programme | Place : | From | To |
| (i) | | | | | | |
| (ii) | | | | | | |
| (iii) | | | | | | |
| (iv) | | | | Details of 5 days PSDP (please attach copy of completion certificate) | | |
| | | | | Place : | From | To |
| | | | | | | |
| | | | | Details of 5 days PEDP (please attach copy of completion certificate) | | |
| | | | | Place : | From | To |
| | | | | | | |
| Details of MSOP Fees paid (If paying through demand draft, it should be drawn in favour of "....." payable at ".....") | | | | | | |
| Amount : | DD No. /CASH RECEIPT No. : | Date : | Bank: | | | |
| | | | | | | |
| Declaration by student | | | | | | |
| I _____ do hereby declare that the particulars given above are true to the best of my knowledge and belief. I also agree that providing false particulars amounts to misconduct and if any misconduct is observed on my part in terms of Regulation 55-A of the Company Secretaries Regulations, 1982 (as amended time-to-time), I shall abide by the decision of the Council which may suspend or cancel my registration as a student or may suspend or debar me from appearing in anyone or more examinations of the Institute or direct that any period of training already undergone shall not be reckoned for the purpose of Regulation 48 or 50 or declare that I am not fit and appropriate person to be admitted as an Associate Member of the Institute. | | | | | | |
| Place : | | | | | | |
| Date : | | | | | | |
| Signature of student | | | | | | |
| For Office use only (at respective Regional Office / Chapter) | | | | | | |
| Received by : | Receipt No. | Date of receiving : | Signature of MSOP Co-ordinator of RO/Chapter : | | | |
| Signature of dealing Assistant | | | | | | |