

PROCEDURE FOR OPTING FOR THE MODIFIED TRAINING STRUCTURE IN LIEU OF THE EARLIER TRAINING STRUCTURE

- i) Any student registered in Executive programme on or before 31.03.14, is eligible for undergoing training as per earlier training structure.
- ii) But if he/she wishes, he/she can switch over to modified training structure also.
- iii) For opting for switchover to modified training structure, student is required to apply in the prescribed application format given at the end of this notification.
- iv) Along with this format, student must attach the copy of confirmation letter issued by the company / or Practicing Company Secretary / or other organization in support that concerned company / or PCS / or other organization has confirmed to take him/her as trainee.
- v) There are no fees applicable for applying for switchover.
- vi) Application format (duly filled & signed by student) is to be sent to “ The Joint Director (Training), The Institute of Company Secretaries of India, C-37, Sector-62, Noida – 201309
- vii) Student opting for switchover from earlier training structure to modified training structure will not get any credit or exemption for any period of training completed by them under the old scheme, i.e. student will not get any exemption for that duration under the modified training scheme. The modified training scheme starts afresh.

**For any further clarification, please send e-mail at training @icsi.edu
or call to institute's helpline no. 011-33132333
(Monday - Friday : 7 AM to 11 PM, Saturday : 9 AM to 9 PM)**



**FORMAT FOR OPTING/ SWITCHING OVER TO THE MODIFIED TRAINING STRUCTURE
EFFECTIVE FROM 1ST APRIL, 2014 UNDER CHAPTER VIA OF THE COMPANY SECRETARIES REGULATIONS,
1982**

(For students registered for Executive programme on/before 31.03.2014)

| Student Registration Number / De-novo Registration Number (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|------------------------|-------------------------|------------------------|--|--------|-------------------------|--------|-------------------------|----------|--|----------|--|-----------|--|-----------|--|--|--|------------|--|--|--|-----------|--|
| Month & Year of Registration | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (in BLOCK LETTERS) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status of institute's examination : | <p>i) Executive Program : registered / passed ii) Professional Program : registered / passed</p> <p>If passed, please mention following details :</p> <table border="1"> <thead> <tr> <th colspan="2">Executive Programme</th> <th colspan="2">Professional Programme</th> </tr> <tr> <th>Module</th> <th>Session of passing exam</th> <th>Module</th> <th>Session of passing exam</th> </tr> </thead> <tbody> <tr> <td>Module-I</td> <td></td> <td>Module-I</td> <td></td> </tr> <tr> <td>Module-II</td> <td></td> <td>Module-II</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Module-III</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Module-IV</td> <td></td> </tr> </tbody> </table> <p>(Please attach attested photocopies of all passed marksheets)</p> | Executive Programme | | Professional Programme | | Module | Session of passing exam | Module | Session of passing exam | Module-I | | Module-I | | Module-II | | Module-II | | | | Module-III | | | | Module-IV | |
| Executive Programme | | Professional Programme | | | | | | | | | | | | | | | | | | | | | | | |
| Module | Session of passing exam | Module | Session of passing exam | | | | | | | | | | | | | | | | | | | | | | |
| Module-I | | Module-I | | | | | | | | | | | | | | | | | | | | | | | |
| Module-II | | Module-II | | | | | | | | | | | | | | | | | | | | | | | |
| | | Module-III | | | | | | | | | | | | | | | | | | | | | | | |
| | | Module-IV | | | | | | | | | | | | | | | | | | | | | | | |
| Period of Training proposed to be undergone (One /Two / Three year(s) as applicable) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Correspondence Address | <p>..... District- State- PIN-</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone with STD Code | Residence- Office- | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile phone Number | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Id. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claiming exemption from training under modified structure- Yes/ No (if yes, apply separately in the specified form) | | | | | | | | | | | | | | | | | | | | | | | | | |

Important : 1. Student opting for switchover from earlier training structure to modified training structure will not get any credit or exemption for any period of training completed by them under the old scheme.
2. Along with this format, student must attach the copy of confirmation letter issued by the company / or Practising Company Secretary/ or other organizations in support that concerned company / or PCS / or other organization has confirmed to take him/her as trainee.

Declaration

I wish to opt/switch over to the modified training structure applicable w.e.f. 01.04.2014 as prescribed under Chapter-VIA of the Company Secretaries Regulations, 1982. I am fully aware that on opting/switching over to the modified training structure, I shall not be entitled to any benefit of training undergone or training requirements completed by me under the old training structure and I shall have to undergo and complete training requirements under the modified training structure after completion of all necessary requirements.

Date:

Signature of the candidate
Name _____
Regn. No. _____