



Address: 'ICSI House', Institutional Plot No. 1A, (Near Sai Baba Temple)
Sector-16A, Faridabad-121002
Tel- 0129-4003761
Website: www.icsi.edu/faridabad

**FORM FOR CAPSULE COURSE
(For Members only)**

Dear Sir,

Please register my name for Capsule Course on 'NCLT/ NCLAT' scheduled from on 12th Aug 2017. I will be attending the class (s) on the following dates:

(a) 12.8.2017 (b) 19.8.2017 (c) 26.8.2017

1. Name: Mr./ Ms.
2. Membership No : ACS.....FCS.....
3. Mobile No :
4. E-mail id:
5. Address :

Declaration:

I am agreed to pay Rs. 150 (for one session) or 300 (for all three sessions) as program fee (which includes GST) for Capsule Course.

And I am paying Rs. 150 (for one session) or 300 (for all three sessions) as program fee in Cash / Cheque/ DD No/ e-transfer on dated..... vide transaction number.....bank.....

Or

I have transferred the requisite fee Rs.150 or Rs. 300/ in **Corporation Bank ' SB A/c No. 138300101000223**, Account name: "**Faridabad Chapter of NIRC of ICSI**", Branch -Sector-28, Faridabad (IFSC : CORP0001383) and after making direct deposit/ transfer, sent the scanned copy of deposit slip/ proof on datedat faridabad@icsi.edu

Date:

Place:

Signature of the participant

For Office use:

Received Rs. 150/ Rs. 300 in Cash / Bank DD No/ Bank transfer dated.....RAS
Ack. No. NIRC/Fari/.....dated.....

Date:

(Authorised Signatory)