



**THE INSTITUTE OF COST ACCOUNTANTS OF INDIA**  
(Statutory Body Under an Act of Parliament)  
**SOUTHERN INDIA REGIONAL COUNCIL**

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**ORAL COACHING APPLICATION FORM - INTERMEDIATE - GROUP - II**

<b>REGISTRATION NO.</b>	
<b>NAME</b>	
<b>MOBILE NO.</b>	
<b>EMAIL ID</b>	
<b>BATCH TIMINGS</b>	7am - 9am <input type="checkbox"/> 9am - 11am <input type="checkbox"/> 4pm - 6pm <input type="checkbox"/> TICK BOX <input checked="" type="checkbox"/> THE BATCH TIMING

The particulars furnished above are true to the best of my knowledge and that if it is proved at any time that the said particulars are incorrect I agree to my enrolment being cancelled forthwith without any liability. I note that, Coaching fees when once paid will not be refunded under any circumstances. I also hereby undertake that if enrolled I will be bound by the Rules of the Coaching Centre as may be in force from time to time, during the period I shall be undergoing the Oral Coaching Centre.

Yours faithfully,

Date :

Signature of Applicant