

## Form 'A' APPLICATION FOR ADMISSION AS A MEMBER OF THE INSTITUTE

* Name in block letters						1"x 1" Photograph attested at the back (to be stapled)	
➤ Father's/Husband's n  ✓ Date of Birth (dd / mm					▼ Period of R	esidence in Pakistar	
		-		-	][		
➤ Communication Address ➤ Residential Address	ss (Please tick one)	▶ R	Residential Perman	ent Address	fficial	Permanent	
Tol.			N. Tali	N r			
Tel:  Official Address	Fax:		Tel:		Fax:		
Designation				Job Sector			
Organization				,			
	City Postal			Code Country			
Office #	Direct #			▶ Fax #			
S-No. Email Add	dresses			Publish in D	irectory/Website	Mailing List	
(S)				Yes / No		Yes / No	
<u>п</u>					Yes / No Ye		
Cell #	Received SMS	Alerts ( For Local Mer	mbers Only)	Yes / No 🕨 F	ublish in Directory/We	bsite Yes / No	
• QUALIFICATION	TIONS Examination Month & Year Grade		Grade/	/Division Board/University/Institute		ersity/Institute	
Academic (Starting from secondary school certific or equivalent)	ate						
Professional qualification (other than Institute Examination)	S						
	INSTITUTE	S EXAMINATIO	NS PASSED	/ EXEMPTED	)		
		Month & Year of Details of Exemption (if any)					
F	Month & Year of		Papers/Parts exempted		Exemption letter Ref.		
Examination Roll No.	Month & Year of Exam passed	Papers/Parts	exempted	Exem	ption letter Ref.	Date	
Examination Roll No. Foundation/ AFC		Papers/Parts	exempted	Exem	ption letter Ref.	Date	
Foundation/		Papers/Parts	exempted	Exem	ption letter Ref.	Date	
Foundation/ AFC Intermediate/		Papers/Parts	exempted	Exem	ption letter Ref.	Date	

## PARTICULARS OF TRAINING COMPLETED **INCASE OF TRANSFER TO ANOTHER FIRM** Principal / MRT Name Principal / MRT Name ▲ Firm/Training Organization ▲ Firm/Training Organization Address Address Tel: Fax: Tel: Fax: Email: Email: Registration # ▼ CRN# Registration # ▼ CRN# Period of training from (dd/mm/yyyy) Period of training from (dd/mm/yyyy) to to **DETAILS OF EXPERIENCE AFTER COMPLETING TRAINING CONTRACT** (State the present/ most recent employment first and continue in the same order) Date of Joining S. No. Name of Organization & Address Designation Month & Year Month & Year 1 Tel: 2 Tel: 3 Tel: 4 Tel: **UNDERTAKING** Dated (dd/mm/yyyy) (1) I hereby undertake to be bound by the Chartered Accountants Ordinance, 1961 and the Bye Laws framed there under, Council's directives / pronouncements from time to (2) I am not subject to any of the disabilities stated in section 8 of the Chartered Accountants Ordinance, 1961. ▲ Signature of the Candidate (3) I was not admitted as member to the Institute previously.