



RAIPUR BRANCH OF CIRC OF ICAI
MAHAVIR GOUSHALA, K.K. ROAD, RAIPUR



35 HOURS ORIENTATION COURSE REGISTRATION FORM

NAME : _____

FATHER'S NAME : _____

DATE OF BIRTH: _____

CA REGD NO : _____ **DATE** _____

PERMANENT ADDRESS _____

PHONE/ MOBILE NOS _____

DD/ PO NO _____ **DATE** _____ **BANK** _____

DATE: _____ **SIGNATURE OF STUDENT** _____

Note: Make DD/ pay order of Rs 3000.00 in favor of 'Orientation Programme Raipur Branch of CIRC of ICAI'