**The Institute of Cost Accountants of India**

(Statutory body under an Act of Parliament)

**Bhubaneswar Chapter**

**Application for Faculty/Teaching member in ICAI Bhubaneswar Chapter**

To

**The Chairman, Coaching Committee**

ICAI Bhubaneswar Chapter

1. Name in Full :
2. Membership No( Fellow/Associate) :
3. Date of Birth :
4. Address for Communication:
5. Mobile No.:
6. What’s App. No:
7. E-mail :
8. **Qualification : Academic & Professional ( Highest Degree only )**

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| --- | --- | --- | --- | --- |
| **Exam Passed** | **University/ Institution** | **Year of Passing** | **% of marks** | **Special Paper** |
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|  |  |  |  |  |

1. Distinction , if any
2. Subject in which specialized (maximum two papers) and the combination of **Foundation & Inter** **or Inter & Final**.

|  |  |  |
| --- | --- | --- |
| **Stage** | **Paper. No** | **Subject** |
| Foundation |  |  |
| Intermediate |  |  |
| Final |  |  |

1. Present Position :
2. Teaching Experience (proof of experience to be enclosed).

|  |  |  |
| --- | --- | --- |
| Name of the College/University/ Institute | Subject taught | Year of Experience |
|  |  |  |
|  |  |  |

 13. Any other relevant information if any

Declared that the above information is true to the best of my knowledge and belief

Date : **Signature**