THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

(Statutory body under an Act of Parliament)
Headquarters: CMA Bhawan, 12 Sudder Street, Kolkata – 700016
Ph: 091-33-2252 1031/34/35/1602/1492
Web site: www.icmai.in, E-Mail - training@icmai.in

FORM T-5 (OLD)

CERTIFICATE OF TRAINING IMPARTED BY PRACTICING COST ACCOUNTANT/ FIRM OF COST ACCOUNTANTS/ORGANISATION

1.	Particulars of Student registered as Trainee:		
	Name in full (in Capital Letters):		
	Fathers Name (in Capital Letters):		
	Student's Registration No.		
	Residential Address		
	Telephone No.	Mobile No.	E-mail ID
2.	Name of the PCMA/ Firm of Cost Accountants/ Organization engaging Trainee		
	Membership No. (PCMA/Firm of Cost Accountants)		
	Organisation empanelment no. (if any)		
	Address		
	Telephone No.	Mobile No.	E-mail ID
3.	Date of completion of **6 months months Training**	From:_____(date) To: _____(date)	
4.	Areas in which Training is imparted		
5.	Any General Observation on the conduct of the Trainee		

Authorized Signatory with name
Designation and Seal
Date:

Signature of the Student
Registration. No.:

Note: Upload the signed copy of this completely filled form online at www.icmai.in

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Headquarters: CMA Bhawan, 3, Institutional Area Lodhi Road, New Delhi – 110003.

Kolkata Office: CMA Bhawan, 12 Sudder Street, Kolkata – 700016.

Ph: 091-33-4036 4777/4721/4750/4779

Web site: www.icmai.in, E-Mail - training@icmai.in

Performance Report

Students need to upload a Performance Report while uploading Form T5 / T5B (completion of Practical Training) in the Practical Training Portal with the following details (Max. 2500 words) on the letterhead of the PCMA / Organisation with signature and seal from the authorised signatory/principal.

1. Name of the Student	
2. Registration No.	
3. Duration of the Training Period	
4. PCMA / Organisation with Contact No. & Email id.	***Please add pages if required.***
5. Designation of the Student	
6. Role/Responsibilities/Nature of Work of the Student	***Please add pages if required.***
7. Learning Outcome	***Please add pages if required.***
8. Stipend received in the last month	
9. Remarks (if any)	***Please add pages if required.***

Authorized Signatory/principal with name

Designation and Seal

Date:

Signature of the Student

Registration. No.:

Note: Please upload the fully completed and signed copy of this form (including all pages) online at https://eicmai.in/Training-forms-new/login.aspx