



THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

(Statutory body under an Act of Parliament)

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**CERTIFICATE OF TRAINING IMPARTED BY PRACTICING COST ACCOUNTANT/ FIRM OF
COST ACCOUNTANTS/ORGANISATION
(COMPLETION OF AT LEAST 10 MONTHS PRACTICAL TRAINING PERIOD FOR FILLING
UP THE FINAL EXAMINATION FORM)**

FORM T-5A (NEW)

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)		
Organization empanelment no. (if any)		
Address		
Telephone No.	Mobile No.	E-mail ID
3. Date of completion of at least 10 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

Important Cut – off Dates

Form T-5A	June Term Examination	December Term Examination
Cut-off dates for Certification for completion of at least 10 months Practical Training Period	28 th / 29 th February	31 st August
Cut-off dates for submission of Practical Training Forms for filling up Final Examination Form	5 th April	5 th October