



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 TOTAL 15 MONTHS PRACTICAL TRAINING PERIOD FOR

RELEASE OF THE FINAL EXAMINATION RESULT)

FORM T-5B (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 total 15 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-5B	June Term Examination	December Term
Cut-off dates for submission of Practical Training Form to release Final Examination Result.	10 th August	10 th February