



# 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-1

## INTIMATION FOR ENGAGEMENT OF CMA STUDENTS AS TRAINEES

1.	Name of the Practicing Cost Accountant / Firm of Cost Accountants		
2.	No. of partners		Fellow Members: Associate Members:
3.	Address:		
	City:	State:	Pin:
4.	Tel. No. with STD code:		Mobile No:
5.	Maximum Number of Trainees Authorised (As per the number of Partners)		
	Total Number of Trainees already engaged.		
	Number of vacancies of Trainees.		
6.	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.	Email Id:
7.	The period for which the Cost of Management Trainee has been engaged.	From: _____ (date)	

The Trainee is engaged as per the Standard Guidelines issued by the Institute on Practical Training.



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## FORM T-1

**NOTE:** The following disclaimer is applicable in case of Practical Training in PCMA / Firm of PCMA:

As per the CMA New Practical Training Scheme 2020:

### **The restriction on Number of Trainees in case of Practical Training under a PCMA/Firm of PCMA:**

<b>Practicing Cost Accountant</b>	<b>No. of Trainees</b>
a) Practicing Cost Accountant (Associate Member)	10
b) Practicing Cost Accountant (Fellow Member)	15

- ✓ PCMA should attach the downloaded statement from the system showing the number of cost trainees working under him/her.
- ✓ UDIN should be mentioned as applicable

**I, have read and understood the Practical Training Guidelines and I agree to abide by the same.**

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](http://www.icmai.in)