



THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

(STATUTORY BODY UNDER AN ACT OF PARLIAMENT)

FORM OF APPLICATION FOR THE ISSUE / RENEWAL / RESTORATION OF CERTIFICATE OF PRACTICE

[The Form will not be processed if () marked fields are not filled in] [Fill in Capital Letters]*

**FORM:
M-3**

To
The Secretary to the Council of
The Institute of Cost Accountants of India
12, Sudder Street, Kolkata – 700 016

Sir,

1. I have already sent/am enclosing a Cheque/ Demand Draft No. / Online payment dated _____ for Rs. _____ towards the fee* for the Certificate of Practice for the period ending 31st March_which may be issued / renewed / restored to me.
2. I hereby declare that I am not engaged in any other business or occupation besides the profession of Accountancy. If and when I intend to be so engaged I shall obtain the prior permission of the Council.
3. I am engaged in other occupation as _____and propose to continue to be so engaged in addition to the practice of accountancy for which permission has already been applied for/obtained vide your letter No. _____ dated _____.
4. I hereby undertake that as and when I cease to be in practice, I shall duly inform the Council as required by the Cost and Works Accountants Regulations, 1959.
5. I hold Certificate of Practice for the period ending 31st March _____.
6. I hereby declare that :
 - a) I am practising in the name and style of (Please mention proprietary or partnership firm):

Sl.	Name of Firm	Proprietorship / Partnership	Firm Registration No.	PAN
1				
2				
3				
4				
5				

- b) I am not holding salaried employment in any organization or under any person and that I shall duly intimate to you if and when I take up such salaried employment.

- c) I hereby declare that I am holding a salaried employment in [Name, address, phone no. & email-id of employer] _____ as [designation] _____.
- d) I am holding/not holding Certificate of Practice as a Chartered Accountant issued by the Institute of Chartered Accountants of India.
- e) I am holding/not holding Certificate of Practice as a Company Secretary issued by the Institute of Company Secretaries of India.
- f) I am not an Advocate registered with any State Bar Council / I am an Advocate registered with _____ Bar Council and I have voluntarily suspended practice as Advocate vide letter No. _____ dated _____. I shall intimate to you if and when I resume practice as Advocate.

7. I enclose herewith the requisite fees* as detailed below: (Figures in Rupees):

CoP Fee*	Restoration Fee* (if applicable)	Current Annual Membership Fee*	Total *
Rs. 2000.00	Rs. 500/-		

8. I am furnishing the details of my PAN and AADHAR as:

Name appearing in PAN*	First	Middle	Last	AADHAR NO. *

Yours faithfully,

Place :

Date :

Signature of Member

Membership No. _____

Salutation	Mr. / Mrs. / Ms. / Dr.	FULL NAME OF THE APPLICANT					
First *							
Middle							
Last *							
Professional	Line 1*						
	Line 2						
	Line 3						
	Line 4						
	City *	State	Pincode*	PAN *			
ISD Code	STD Code	Phone No.					
Mobile *	Email *						

- In case space provided is not sufficient, additional sheets may be attached and data provided in the same format as above.
- Strike off words not applicable.

* Plus applicable GST.