

FOUNDATION EXAMINATION – NOVEMBER 2020

DECLARATION BY THE STUDENT

I _____ Son/Daughter of _____
_____ hereby declare that I am registered in the Foundation Course on or before 31st August 2020 or have converted to Foundation Course from CPT course on or before 01-08-2020 and have passed 10+2 examination.

I request for permission to appear at the Foundation examination conducted by the Institute of Chartered Accountants of India scheduled to be held in November 2020. I hereby declare that the particulars stated in this application form are true to the best of my knowledge and belief. I have read the Guidance Notes for candidates and satisfied myself that I am eligible to appear in ensuing Foundation Exam to be held in November 2020 and I shall abide by the terms and conditions contained therein. I understand that my admission to Foundation and result thereof shall be provisional and subject to verification of my fulfilling the eligibility requirements in terms of the CA Regulations, 1988 and decision of the Council of ICAI. In the event of suppression or distortion of any fact made in this application form, I understand that I shall be denied the opportunity to appear in Foundation Exam and if already admitted / appeared, my admission / result acquired shall be liable for outright cancellation. I also understand that the decision of the Institute in this regard shall be final and binding upon me and I shall abide by the same.

Sign of Candidate: _____ Sign of Parent/Guardian: _____

Attestation by Member of ICAI /Head of the Educational Institution /Gazetted Officer with Seal

I _____ do hereby certify that I have verified and satisfied that the candidate named above is registered for Foundation course with the Board of Studies of the Institute on or before 31st August 2020 / Converted to Foundation from the CPT on or before 1st August, 2020 and has already passed in 12th class examination and is eligible to appear in Foundation Exam. The particulars as furnished have been verified by me and found to be correct with reference to the documents produced before me by the candidate.

Date:

Place:

Membership No. of the Member of ICAI (if applicable) _____

Signature of Member of ICAI/Head of Educational Institution /Gazetted Officer: _____

Telephone Number: _____

Office Seal