

ICAN Regd. No:

ROLL NO:

APPLICATION FOR CHARTERED ACCOUNTANT MEMBERSHIP EXAMINATION

To,
The Executive Director
ICAN

Latest PP Size
Photo
Candidate should
affix his/her
specimen signature
on the photo

I request for permission to present myself at the Chartered Accountant Membership Examination of September 2020. I declare that the facts and information given below are complete and correct. I also undertake to abide by regulations framed by the Council for the guidance of candidates appearing in the Examination.

A. NAME (Mr/Ms):

B. FATHER'S NAME:

C. ADDRESS:

D. PHONE No:

E-Mail Address:

E. SUBJECTS OF EXAMINATION: Please tick (✓)

1. Paper 4: Corporate Laws
2. Paper 6: Advanced Taxation

F. WHETHER YOU WANT TO HAVE YOUR MARKSHEET SENT BY POST: YES/NO

(If yes, please fill up the postal address below)

NAME:

ADDRESS:

G. DETAILS OF EXAMINATION FEES:

No. of Papers@Rs. 6000/- Per Paper =

H. EXAM CENTRE: Kathmandu

Applicant's Signature:

Contact Number:

Date:

(To be filled by ICAN)

Receipt No:

Approved by:

Checked by:

Record of answer books tendered at the Examination Centre

S. No.	Date	Subject	Name of Invigilator	Signature of invigilator in token of receipt of answer books
1		Paper 4 - Corporate Laws		
2		Paper 6 - Advanced Taxation		

CENTRE RUBBER STAMP

Counter Signature of
(Chief Invigilator/Superintendent)

NOTE:

1. Corrections are not permitted.
2. I hereby acknowledge the receipt and acceptance of the instructions provided to me along with this admit card and I fully agree to abide the terms and conditions mentioned in the instructions provided.

(Signature of Candidate)

CAUTION INVIGILATORS

1. Kindly do not sign in advance.
2. Sign only on actual receipt.

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THE INSTITUTE OF CHARTERED ACCOUNTANTS OF NEPAL

Roll No.

Admit Card for Chartered Accountant Membership Examination, September 2020

(To be filled in by the Candidate in Capital Letters)

Name of Candidate:

Specimen Signature of Candidate

LATEST PP PHOTO ONLY

Candidate should affix his/her specimen signature on the photograph, which should be pasted in this space and not merely stapled

Executive Director

Attestation Certificate :

I hereby certify that the photo attached is that of

Mr/Ms.

Who has signed in my presence on the photo as well as in the space provided for the purpose.

Signature of Chartered Accountant Mem. No.

or Principal of Institution in which the candidate last studied/ is studying at present, with Official Stamp.

Exam Centre:



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Exam Centre:

Annexure 22
(As per Regulation 40, Sub Rule (1))

Application for Examination

The Executive Director
The Institute of Chartered Accountants of Nepal
Kathmandu

I have passed the Chartered Accountancy Examination from in and am applying under Rule 41 of the Nepal Chartered Accountants Regulations, 2004 whereby I request you to specify the subjects in which I am required to appear in the examinations for membership in The Institute of Chartered Accountants of Nepal. The details of the examinations that I have passed are stated and enclosed herewith in this form. I also agree to abide by the decision of the Council in this regard.

- 1. Name
- 2. Date of Birth
- 3. Country of Citizenship, Citizenship No.
- 4. Address
Permanent:
- Contact :
- Telephone : Post Box :
- Email.....

5. Highest Academic Qualification:

Academic Qualification	Year of Passing	Name of Institution	Name of Board

6. Details of professional qualifications:

Qualification	Year of Passing	Name of Institution	Year of Establishment of Institute	Name of Act under which Institution has been Established

7. Year of passing Foundation / PE I examinations, if applicable.

.....

8. Year of passing Intermediate / PE II examinations.

S.No.	Subject in Intermediate	Maximum Marks	Marks Secured

9. Year of passing Final Examinations.:

S.No.	Subject in Final	Maximum Marks	Marks Secured

10. Name, Address and Firm of Principal

Name of Principal:.....

Firm's Name:.....

Address:

11. Membership No. COP No. of the Principal in the concerned Institute

12. If training has been taken under more than one Principal, Name, Address, Firm's name, Membership No and COP No. of such Principals, where applicable.

(A) Name of Principal:

Membership No:.....COP No.

Firm's Name:

Address:

(B) Name of Principal :

Membership No:.....COP No.

Firm's Name:

Address:

(C) Name of Principal :

Membership No:.....COP No.

Firm's Name:

Address:

13. Total Training Period.

From (specify DD/MM/YYYY)To (specify DD/MM/YYYY)

14. Mandatory Professional training period required to be entitled to qualify for Certificate of Practice under the concerned Institute's Regulations.

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Required Documents:

Applicants shall have to submit certified copies of Membership and COP from the concerned Accounting Institute along with required certified documents.

- Mark sheet and Certificates from Foundation to Final Level,
- Academic Certificate/Transcripts of SLC to higher degree,
- Article Completion Certificate,
- Citizenship Certificate / Passport,
- GMCS Certificate, where applicable and
- At least 6 Months Internship Completion Letter where applicable.

Note: Additional papers can be attached where necessary.

Applicant's Signature

Date: