## FORM-A1

## Application for Membership / Registration as a Social Auditor

To

ICMAI Social Auditors Organization

The Institute of Cost Accountants of India

CMA Bhawan 3, Institutional Area,

Lodhi Road, New Delhi – 110003

*From*

(Name)

(Address)

**Subject: Application for Membership / Registration as a Social Auditor**

## Sir/Madam,

I, wish to be enrolled as a member / registered with the ICMAI Social Auditors Organization

My details are as under:

## PERSONAL DETAILS

* + 1. Title (Mr /Mrs /Ms):
		2. Name:
		3. Father’s Name:
		4. Mother’s Name:
		5. Date of Birth:
		6. PAN No.:
		7. AADHAAR No.:
		8. Passport No.:
		9. Address for Correspondence:
		10. Permanent Address:
		11. E-Mail Address:
		12. Mobile No:

## EDUCATIONAL, PROFESSIONAL QUALIFICATIONS

* + 1. **Educational Qualifications**

[Please provide educational qualifications from Bachelor’s degree onwards]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Educational Qualifications | Year of Passing | Marks (Per cent.) | Grade/Class | University/College | Remarks, if any |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Professional Qualifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Professional | Institute/ | Membership No. | Date of | Remarks, if any |
| Qualification | Professional | (if applicable) | enrolment |  |
| [excluding | Body |  |  |  |
| valuation specific |  |  |  |  |
| education/courses] |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**3 Details of Social Auditor examination passed**

|  |  |  |
| --- | --- | --- |
| Date of examination | Marks secured | Percentage |
|  |  |  |

* 1. **WORK EXPERIENCE**
		1. Are you presently in practice / employment (Yes or No)
		2. Number of years in practice / employment in the relevant domain(in years and months):
		3. If in practice, address for professional correspondence:
		4. Number of years in employment (in years and months)
		5. Experience Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl.No. | From Date | To Date | Employment/Practice | If employed,Name of | If inpractice, | Area ofwork |
|  |  |  |  | Employer and | experience |  |
|  |  |  |  | Designation | in the |  |
|  |  |  |  |  | relevant |  |
|  |  |  |  |  | profession |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## ADDITIONAL INFORMATION

1. Have you ever been convicted for an offence? Yes or No If yes, please give details.
2. Are any criminal proceedings pending against you? (Yes or No) If yes, please give details.
3. Have you ever been declared as an undischarged bankrupt, or applied to be adjudged as Bankrupt? (Yes or No)

If yes, please give details.

1. Please provide any additional information that may be relevant for your application.

## ATTACHMENTS

* + 1. Passport-size photo
		2. Copy of proof of residence.
		3. Copy of Aadhar card, PAN card and Passport (if available).
		4. Copies of documents in support of educational qualifications, professional qualifications and Social Auditor Examination qualifications.
		5. Copies of documents demonstrating practice or work experience for the relevant period. Certificate of employment by the relevant employer(s), specifying the period of Such employment.
		6. Copy of proof of payment of one-time enrolment fee and Annual Membership fee.
		7. Copy of Self Declaration.
		8. Payment proof also be attached
		9. Income-tax Returns for the last three years (Verified Acknowledgement)

**F**. **MEMBERSHIP FEE**

One Time Enrolment fee Rs. 3,000/- Plus GST @18% and Membership fees Rs. 5,000 plus GST @18% for three years

**Bank Details for payments**

Name of Account Holder: - ICMAI Social Auditors Organisation

Account No.: - 0128002100302560

Bank Name: - Punjab National Bank

IFSC Code: - PUNB0012800

Branch: - Lodhi Road, New Delhi

## AFFIRMATIONS

* + 1. Copies of documents, as listed in section E of this application form have been attached/ Up loaded. The documents attached/ uploaded are ……

 I undertake to furnish any additional information as and when called for.

* + 1. This application and the information furnished by me along with this application is true and complete. If found false or misleading at any stage, my membership shall be summarily cancelled.
		2. The applicable fee has been paid.

Name and Signature of applicant

Place: Date:

## VERIFICATION BY THE SOCIAL AUDITORS ORGANISATION

We have verified the above details submitted by …………………………… and confirm these to be true and correct.

(Name and Signature) Authorized Signatory of the Social Auditors Organisation

 Seal of the Social Auditors Organisation

Place : Date :