

Application Form for Management/Apprenticeship/ Practical Training/Exemption from Undergoing Training

(Strike out whichever is not applicable)

**IN ORDER TO ENABLE US TO TAKE PROMPT ACTION AND AVOID
REFERENCE BACK, PLEASE ENSURE TO COMPLETE THE FORM IN ALL
RESPECTS BY ENCLOSING REQUISITE TESTIMONIALS/CERTIFICATES**

SPECIMEN PROFORMA FOR TRAINING :
(Only Proforma to be submitted in duplicate)

Latest Passport size photo-
graph countersigned by the
candidate to be submitted
with the original copy only

Registration Number : _____ DENOVO Regn No. _____

Name _____ Age _____ years
(In block letters)

Date of Birth _____ Date of Registration _____

Father's Name _____

Details of passing the Intermediate/Final examination of Company Secretaryship (Please attach the attested/
photostat copies of mark sheets of all the groups of Intermediate/Final examination) :

| Sl. No. | Group | Examination | Session | Roll Number |
|---------|--------|--------------|---------|-------------|
| 1. | First | Intermediate | | |
| | Second | Intermediate | | |
| 2. | First | Final | | |
| | Second | Final | | |
| | Third | Final | | |

Qualifications :

(a) Educational :

(c) Computer Knowledge :

(b) *Professional :

(*Please attach the attested/photostat copies of ACA/AICWA certificates, if not sent earlier. In case sent earlier, please give the reference)

Address to which correspondence should be made :

Telephone No. { Residence _____
Office _____

Name & address of the organisation (Registered with the Institute for training purpose) in order of preference where training is to be arranged.

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____

Particulars of experience (Past & Present), if claiming exemption from training :

| Name of the Company & PUC if applicable | Placement in Organisational Hierarchy | Exact Designation | Emoluments Drawn | Period | |
|---|---------------------------------------|-------------------|------------------|--------|----|
| | | | | From | To |

Have you indicated the particulars of your experience both past and present in the Application Form at the time of registration with the Institute. Give reasons, if these are different from the one given at the time of registration.

Details of exemption from Practical Training, if any, sought on the basis of executive experience gained in those fields (Please refer to Regulations 48, 51 and 52 of the Company Secretaries Regulations, 1982, as amended).

- (1) I am enclosing the following documents in support of my claim for exemption from training :
- (i) Experience Certificate(s) indicating exact designation, duration of service, salary drawn, job contents in brief duly signed by the Managing Director(s)/Chief Executive(s).
 - (ii) Annual Report(s) in respect of the organisation(s).
 - (iii) Organisation Chart(s) duly certified by the Chief Executive of the organisation(s).
 - (iv) Salary slip for the beginning and last pay drawn from the organisation(s).
 - (v) Appointment Letter from past/present employer.
- (2) Whether undergone Management Training/Apprenticeship, if yes, give the name of Company /Practising Company Secretary and duration.

| Name of Company/ Practising Company Secretary | Duration | |
|---|----------|----|
| | From | To |

- (3) Whether undergone Secretarial Modular Training Programme_____ If yes, please attach an attested photostat copy. If not, the date by which the candidate would like to commence training

Declaration

I _____do hereby declare that the particulars given above are true to the best of my knowledge and belief.

I also agree that providing false particulars amounts to misconduct and if any misconduct is observed on my part in terms of Regulation 55-A of the Company Secretaries Regulations, 1982 (as amended from time-to-time), I shall abide by the decision of the Council which may suspend or cancel my registration as a student or may suspend or debar me from appearing in anyone or more examinations of the Institute or direct that any period of training already undergone shall not be reckoned for the purpose of Regulation 48 or 50 or declare that I am not fit and appropriate person to be admitted as an Associate Member of the Institute.

Countersigned by Chief Executive of the Employer
Company/Head of the Organization with Seal.

Signature of the candidate
Date :

Notes :

- 1. Training undergone by a student without prior sponsorship from the Institute shall not be reckoned for the purpose of Regulation 48 or 50.
- 2. It is the endeavour of the Institute to process all applications for exemption from training within a period of 30 days. However, in case you do not hear from the Institute within the said period, kindly get in touch with the Directorate of Training, Membership & Legal.

QUARTERLY REPORT

To,

The Senior Director (Training, Membership and Legal)
The Institute of Company Secretaries of India
ICSI House, 22, Institutional Area, Lodi Road
New Delhi-110 003

Period from _____ to _____

Dear Sir,

Following are my observations for :

Mr./Ms. _____ Student Regn. No. _____

who has undergone training in _____
(Name of the Organisation/Company Secretary)

-
1. Punctuality _____
 2. Communication Skill
(a) Oral _____ (b) Writing _____
 3. Inter Personnel Skill _____
 4. Ability to achieve result _____
 5. Organisation Skill _____
-

AA : Above Average, A : Average BA : Below Average

6. Depth of Knowledge
(a) Secretarial Work _____
(b) Finance Accounts _____
(c) Taxation _____
7. Potential for Growth _____
8. Knowledge about Information
Technology

During the quarter he/she undertook and completed following works :

SECRETARIAL

[Mark (✓) the appropriate Box]

- | | |
|---|--------------------------|
| (1) Preparation of Agenda and Notice for Board Meeting: | |
| (a) Assisted | <input type="checkbox"/> |
| (b) Prepared Independently | <input type="checkbox"/> |
| (2) Preparation of Minutes of Board Meeting: | |
| (a) Assisted | <input type="checkbox"/> |
| (b) Prepared Independently | <input type="checkbox"/> |
| (3) Maintenance of Statutory Books : | |
| (a) Assisted | <input type="checkbox"/> |
| (b) Prepared Independently | <input type="checkbox"/> |

(4) Preparation of Notice of Annual General Meeting/Extraordinary General Meeting:

(a) Assisted

(b) Prepared Independently

(5) Preparation of Annual Report :

(a) Assisted

(b) Prepared Independently

(6) Assisted in conducting Annual General Meeting/Extraordinary General Meeting:

(7) Preparation of Special Reports (if any, Please Specify)
Finance & Accounts

1.

2.

3.

4.

5.

Taxation

1.

2.

3.

4.

5.

Other department(s)

1.

2.

3.

4.

5.

(8) No. of days of leave availed during the quarter _____

(9) Plan of Action for the next quarter _____

Place :

Date :

(Signature of the Training Manager/Company Secretary)

Membership No. ACS/FCS

(Rubber Stamp of the Company to be affixed)

FORM VII

COMPLETION CERTIFICATE OF 03 MONTHS PRACTICAL/15 MONTHS TRAINING

I, _____ Company Secretary of

_____ do hereby certify that Mr./Ms. _____

Student Registration No. _____ has completed the prescribed training as sponsored by the Institute of Company Secretaries of India, vide their letter No. _____ dated _____ under our organisation for a period of _____ Months from _____ to _____ and his/her progress was satisfactory.

I, further certify that during the above mentioned period he/she was not given any leave/given leave for _____ days.

Place :

Date :

Company Secretary

**APPLICATION FOR PRACTISING COMPANY SECRETARIES SEEKING
REGISTRATION TO IMPART TRAINING.**

The Secretary
The Institute of Company Secretaries of India 'ICSI House' 22, Institutional Area
Lodi Road
New Delhi-110 003

Dear Sir,

I/We request you to register me/us for imparting Training to the candidate sponsored by the Institute, in accordance with the Company Secretaries Regulations, 1982 and the Guidelines for Training by Practising Company Secretaries, 1985 as amended.

I/We hereby declare that I/we am/are in whole-time practice as a Company Secretary/firm of Company Secretaries in practice subsequently I/we give below my/our necessary particulars for your consideration :

Name (In Block Letters)

Membership Number

Certificate of Practice No. and
Date of issue

Date, month and year from which
in whole-time practice

Office Address
(in Block Letters)

Appropriate office area, if shared,
please indicate details thereof

Telephone No.

E-mail, if any,

Address for correspondence
(in Block Letters)

Broadly areas of Practice/Operation

(i) No. of years in practice _____

(ii) Working Hours _____

(iii) Average annual gross income from practice _____

No. of employees, other than the partner, if any, and their position _____

No. of trainees to be engaged at a time _____

Amount of monthly stipend payable _____

Particulars of other business/occupation engaged in, if any _____

(i) Nature of business/occupation _____

(ii) Working Hours _____

I/we undertake to remit Rs. 50/- towards the registration fee for a candidate while engaging him as an apprentice and pay him stipend as fixed by the Institute from time to time.

Yours faithfully,

Signature

Date.....

HOW TO SECURE RECOGNITION FROM THE INSTITUTE FOR IMPARTING TRAINING ?

INFORMATION PROCEDURE

Confirmation from the company that :

- It has facilities to impart 15 Months Training/03 Months Practical Training in various departments particularly Secretarial (Shares & Legal), Finance & Accounts (including Costing, Management Accounting, Internal Audit & Taxation), Administration (including Personnel, General Administration, Industrial & Public Relations, Marketing & Material Management etc.).
- That a member of the Institute is employed in the company as a whole-time Company Secretary to supervise in-house training, render necessary assistance / guidance to the trainees and also to issue training completion certificates.
- That the paid-up capital of the company conforms to the requirements. As per the Regulations of the Institute, the company should have paid-up capital of not less than Rs. 50 lakhs for imparting 15 Months Training. However, for the purpose of 03 Months Practical Training, the requirement of paid-up capital is Rs. 25 lakhs. In support of this, the company has to send its latest Balance Sheet to the Institute.

Stipend payable to the trainees :

- Most of the companies recognised by the Institute for imparting training are paying the stipend from Rs. 3500/- onwards per month to the trainees.
- The company is also required to provide information about the maximum number of trainees it can accommodate in each calendar year. The Minimum number is one trainee for 15 months training and two for 03 months Practical training.
- No application form for seeking recognition for the above purpose is prescribed. A letter addressed to the Secretary of the Institute, furnishing confirmation/information is necessary.