



**THE INSTITUTE OF  
Company Secretaries of India**

**भारतीय कम्पनी सचिव संस्थान**

**IN PURSUIT OF PROFESSIONAL EXCELLENCE**

Statutory body under an Act of Parliament

ICSI-CENTRE FOR  
CORPORATE  
GOVERNANCE  
RESEARCH &  
TRAINING

**1<sup>st</sup> Batch of 15 Days Classroom Executive Development Program (EDP) Online  
(Under ICSI New Training Structure Effective from 3<sup>rd</sup> February 2021)**

(FROM 17 May, 2021 to 02 June, 2021)  
**REGISTRATION FORM**

**Name:** .....  
(First name) (Middle Name) (Surname)

**ICSI Student Registration No.:** .....

**Particular of ICSI Examinations passed:**

Module	Passing Month & Year	Roll No.
Inter Group-I/ Executive Module I		
Inter Group-II/ Executive Module II		
Final Group-I/ Professional Module – I		
Final Group-II/ Professional Module – II		
Final Group-II/ Professional – III		
Final/Professional – IV		

Affix your  
recent passport  
colour  
photograph  
here  
(Do not staple)

**Personal Details:**

Mobile No. (Preferably WhatsApp) ..... Email Id: .....

**Communication Address:** .....

Village/City: ..... Taluka/Tehsil: ..... District: .....

State: ..... Postal Code: ..... Nationality: .....

Age (In years): ..... Qualifications: ..... Experience (In years -Except Training) .....

**Fees for Online CLDP:**

Fees	Rs.5000/-
Online Payment Link	<a href="https://bit.ly/3w1Gk2j">https://bit.ly/3w1Gk2j</a>

**Checklist: (All photocopied documents should be self-attested)**

1. Copy of Mark Sheets of all modules of Inter/Executive -
2. Proof of payment of fee for 15 Days EDP (Copy of PayU Money Transaction Slip) -

**Note:**

The duly filled Registration form along with supporting documents and prescribed fees should be sent to *Dr Bhole Shankar Sikhwal*, Programme Co-Ordinator (15 Days EDP), ICSI-CCGRT on e-mail at [DrBhole.ShankarSikhwal@icsi.edu](mailto:DrBhole.ShankarSikhwal@icsi.edu) (File size should not exceed 5 MB). Confirmation of registration will be sent through e-mail. In case of cancellation / refund, applicable charges shall be deducted.

**Declaration:**

This is to certify that all the information provided here-above and also in the attached documents are true & correct to the best of my knowledge and belief. I understand the consequences of any untrue or incorrect information provided may lead to void of training undergone and further disciplinary actions by ICSI.

**Signature of Candidate** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**For Office Use Only:**

**Receipt No.** \_\_\_\_\_

**Date** \_\_\_\_\_