



MY DETAILS

1. Name Mr./Mrs./Miss/: _____

2. Membership No.:- _____ Year of Membership :- _____

3. Educational & Other Professional Qualification :- _____

4. Whether & Other professional Qualification :- _____

5. Whether in practice / Service /Business:- _____

6. Name of the firm / organization:- _____

Firm Registration NO:- _____

7. Area of practice :- Audit / Income Tax / Management Consultancy / Service

/ Tax / Others (Please specify) :- _____

8. Professional Address:- _____

9. Residential Address:- _____

10. Phone No(s) (Mobile):- _____ (Office): _____

(Resi) :- _____ Fax No:- _____

E-mail & Web site: _____

11. Date of Birth :- _____ Wedding Anniversary _____

12. Blood Group :- _____

13. Interested in joining as a

Faculty Co-coordinator Serving with Br. Sub

Committee

Other (Please Specify)

The above information be taken on the records of the Chandigarh branch of NIRC of ICAI

Place:-

Date:-

Signature of the Member

Note :- Please attach your visiting card