C.V.O. CHARTERED AND COST ACCOUNTANTS ASSOCIATION

304, Jasmine Apartments, D.S. Phalke Road, Dadar, Mumbai – 400 014

Tel. No. 24105987 Email: cvocain@gmail.com

Our motto: "Professional Excellence"

Date of Receipt:	
Inward No:	
Received By:	
Cheque/Cash	

Date:- _____

APPLICATION FOR STUDENT ASSOCIATE

То

The Secretary,

Mumbai.

C.V.O. Chartered & Cost Accountants' Association,

Dear	Sir,			
	eby apply to be a student associal etails are as under:	ate of the as	sociation:	
1.	Name : MR/MRS/MISS :			
	(Surna	me)	(Name)	(Fathers/Husband's Name)
2.	Qualifications:			
3.	Student Registration No:	ICAI	ICWAI	ICSI
4.	Date of Commencement & Completion of articles:			
5.	Date of Birth:			
6.	Firm Name & Office Address:			
7.	Office Telephone Nos:			
8.	Fax No./Tele Fax No:			
9.	E-Mail Address:			
10.	Residential Address:			
11.	Residence Telephone No.			

Residence Resi	40		- 000		
13.	12.	Communication to be sent to:	□ Office □ Residence		
Associate Fees Payment Details By Cheque/D.D, Dated, Drawn on/Cash. Amount Rs: 30/- (Rs. Thirty Only) Signature of Applicant Declaration I. I hereby confirm that whatever stated above is true and correct. 2. I hereby confirm that I belong to Cutchhi Visha Oswal Jain Community. 3. I agree to abide by rules and regulations of the association. 4. I understand that on becoming a Student Associate of the association, I do not acquire any right as that of member of the association. Signature of Applicant Signature of Employer/ C.A/C.S/I.C.W.A I. Strike out the inapplicable portion. 2 Obtain the Signature of the Principle in case undergoing article training or of any member of the		Village in Cutchh:			
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Countersigned (Treasurer) :		
Form Verified by(Committee:		
Form Checked by(Secretary):		
Student Associate Membership Record updated on	Ву	