

# 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"**

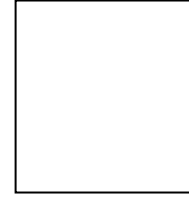
## APPLICATION FOR ASSOCIATE

Date: - \_\_\_\_\_

To  
The Secretary,  
C.V.O. Chartered & Cost Accountants' Association,  
Mumbai.

Dear Sir,

Please enroll me as Associate.



My details are as under:

1.	Name : MR/MRS/MISS : (Surname) (Name) (Fathers/Husband's Name)
2.	Qualifications:
3.	Occupation : Service <input type="checkbox"/> Self Employed <input type="checkbox"/>
4.	Company Name : Designation :- Office Address :-
5.	Residence Address :-
6.	Communication to be sent to: Office <input type="checkbox"/> Residence <input type="checkbox"/>
7.	Telephone/Email: Off. _____ Off. _____ Res. _____ Res. _____ Fax _____ Cell _____ Email _____
8.	Duration of Associate : One Year <input type="checkbox"/> Two year <input type="checkbox"/> Three Year <input type="checkbox"/>
9.	Associate Fees Payment Details : Ch/DD No. _____ Date _____ Amt. _____ Drawn on _____
<b>Declaration</b>	
1. I hereby confirm that whatever stated above is true and correct. 2. I agree to abide by rules and regulations of the Association. 3. As per your rules, I am eligible to enroll as an associate.	
_____ Signature of Applicant	
Encl : 1. Cheque of Rs. _____/- for Associate Fee. 2. Two latest photographs.	

**Proposed By**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Tel No. \_\_\_\_\_

**Seconded By**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Tel No. \_\_\_\_\_

---

**For Office Use:**

Payment Received and Deposited in Bank on \_\_\_\_\_ by \_\_\_\_\_

Countersigned \_\_\_\_\_  
(Treasurer)

Form Verified by: \_\_\_\_\_  
(Members & PR Committee)

Form Checked by: \_\_\_\_\_  
(Secretary)

Admitted as associate in Managing Committee Meeting on \_\_\_\_\_

Record updated on \_\_\_\_\_ by \_\_\_\_\_

<b>Date of Receipt:</b>		<b>Received By:</b>	
<b>Inward No. :</b>		<b>Cheque / Cash</b>	