



APPLICATION FOR REGISTRATION AS A FULL TIME STUDENT

ICAP Registration No. CRN.

I hereby apply for Registration with the ICAP as a Full Time.

Name in Full _____
Father's Name _____
Date of Birth _____
Address _____

City _____ Phone No: _____
RAET where Admitted
(if any) _____

Paste a
Photograph
1"X 1"
(Attach an
extra attested
photograph)

Academic Qualifications

Degree / Certificate	Name of Institution (School / College / University)	Science / Commerce / Arts / Others	Year of Passing	University / Board	Division / Grade Obtained	Total Marks Obtained	Out of Total Marks
Graduation / Equivalent							
HSSC / 'A' Level / Equivalent							
SSC/ Matric/ "O" level / Equivalent							

I enclose Demand Draft/ Credit Voucher No. _____ for Rs. 8,000/- (eight thousand only) dated _____ (Registration fee once paid will not be refunded)

DECLARATION

I hereby declare that the information given above is complete and true. I understand that any misstatement on my part will disqualify me from registration. I undertake to abide by all rules and regulations governing Full Time Student of ICAP.

Date _____

Applicant's Signature

INSTRUCTIONS FOR FILLING THE FORM AND ATTACHMENT OF DOCUMENTS

1. Please use block letters for filling the form.
 2. Please attach copy of National Identity Card, duly attested.
- Incomplete Application form will be summarily rejected**

