**G:\ImpFiles\Misc Docs\0 - ICMA Pakistan Logo.jpgINSTITUTE OF COST AND MANAGEMENT ACCOUNTANTS OF PAKISTAN**

**PHOTO**

**APPLICATION FOR ADMISSION AS ASSOCIATE MEMBER**

**FOR ASSOCIATESHIP** Reg. No. Final Exam Term

Roll No.

The Secretary,

Institute of Cost and Management

Accountants of Pakistan

Karachi.

I hereby apply for admission as Associate Member of the Institute of Cost and Management Accountants of Pakistan. Undertake to observe the provisions of the Cost and Management Accountants Act, 1966 and the Regulations made

thereunder for the time being in force or which may thereafter from time to time be made.

Name in full (Block Letters)

(as in Matric Certificate)

Father’s Name (Block Letters) Residential

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| Official  Address:  Phone No  Fax No. E-Mail. |  |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: Please (Tick ) Residential Office

Date of Birth and Age (at date of signing) Domicile

Minimum 21 years age, at the time of submitting application.

Nationality N.I.C. No. Names and addresses of three persons, to whom recommendation may be made, two atleast, must be members

of the Institute.

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| S. No. | Name & Membership No. | Designation | Address |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

Particulars of General Education

(Starts from Matric / O Level)

|  |  |  |  |
| --- | --- | --- | --- |
| Passing  Year | Exam Passed | Institute / College | Grade/ Division |
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Computer Knowledge

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| --- | --- | --- | --- | --- |
| Courses Attended | From | To | Institution / Company | Remarks |
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Level of proficiency in its application

Experience

Please start from the latest job, Job description should be given on separate sheet attached. Use a new page for each designation/Job.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Period | | No. of  Months | Position Held | Organization | Business Sector | No. of Employees | | | Sheet  No. |
| From | To | 1 | 2 | 3 |
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1. Within organization 2. Accounting only 3. Reporting to the applicant

**Credit Hours of CPE (during last 5 years)**

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| --- | --- | --- | --- | --- |
| Courses /Lectures  Seminars etc. attended | Date(s) | Organiser(s) | Credit  Hours | Remarks |
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Note: 20 hours in a calender year, for members in Pakistan – 5 hours for members, residing abroad.

**Membership(s) of other societies / institutions.**

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| --- | --- | --- | --- | --- |
| Society / Institute | Title | From | To | Nature of Activities |
|  |  |  |  |  |
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**OTHERS**

I, , the undersigned certify that the above statements are correct, and do hereby agree that in the event of my admission as a Member of Institute, I will be governed by the Cost and Management Accountants Act,

1966 and the regulations made thereunder for the time being in force, that I will advance the objects of the Institute as far as shall be in my power and will attend the meetings thereof as often as I conveniently can, provided that, whenever I shall signify in writing to the Secretary that I am desirous of withdrawing from the Institute, I shall (after the payment of any arrears which may be due to me at

that date and after the return of my certificate of membership) be free from this obligation.

Date:

**Attested documents required for Associate Membership**

**Signature**

1. Dully filled-in Application Form with: 3. CPE Credit Hours Certificate.

i) Two Passport size coloured photographs 4. Three Recommendation Letters,

ii) Copy of N. I. C. two atleast, must be from ICMAP members. iii) Fee deposited receipt 5. Two sets of Resume

iv) Copy of Matric Certificate 6. Certificate of Computer Literacy

v) Copy of ICMAP Passing Certificate (from reputable institutes or from employer).

2. Minimum three years relevant Experience Certificates

(from current as well as previous employer).

Meeting Date:

Remarks:

Decision: Elected / Deferred

**MEMBER-EXECUTIVE COMMITTEE**

**PRESIDENT**

If case has been deferred previously and re-submitted

Meeting Date:

Remarks:

Decision: Elected / Deferred

**MEMBER-EXECUTIVE COMMITTEE**

**PRESIDENT**

**FOR OFFICE USE ONLY**

**Receipt No. Date Amount**

Admission Fee

Annual Subscription

Difference of annual subscription

Membership No.

Certificate No.

Date:

**MEMBERS’ SECTION**