**INSTITUTE OF COST AND MANAGEMENT ACCOUNTANTS OF PAKISTAN**

**PHOTO**

**APPLICATION FOR ADMISSION AS FELLOW MEMBER**

**FOR FELLOWSHIP**

ACMA No. Elected on

The Secretary,

Institute of Cost and Management

Accountants of Pakistan

Karachi.

I hereby apply for admission as Fellow 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) Father’s Name (Block Letters)

Residential

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| OfficialAddress:Phone NoFax No. E-Mail. |   |
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Mailing Address: Please (Tick ) Residential Office

Date of Birth and Age (at date of signing) Domicile Nationality N.I.C. No. Names and addresses of three Fellow Members, to whom recommendation may be made.

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

Particulars of General Education

(Starts from Matric / O Level)

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| --- | --- | --- | --- |
| PassingYear | 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. ofMonths | Position Held | Organization | Business Sector | No. of Employees | SheetNo. |
| 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 /LecturesSeminars etc. attended | Date(s) | Organiser(s) | CreditHours | 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 Fellow 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 Fellow Membership**

**Signature**

1. Dully filled-in Application Form with:

i) Two Passport size coloured photographs ii) Copy of N. I. C.

iii) Fee deposited receipt

iv) Copy of Associate Membership Certificate v) Organizational Chart

2. Minimum five years Managerial Experience after becoming Associate

Member of ICMAP. (Current as well as from previous employer)

3. CPE Credit Hours Certificate

4. Three Recommendation Letters from

Fellow Members of ICMAP

5. Two sets of Resume

6. Certificate of Computer Literacy

(from reputable institutes or from 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**