



**WESTERN INDIA REGIONAL COUNCIL OF
THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA**



COMMON ENROLMENT FORM

NAME : 1) _____ MEM. NO. : _____
2) _____ MEM. NO. : _____
3) _____ MEM. NO. : _____
4) _____ MEM. NO. : _____

ADDRESS : _____

CITY : _____ PINCODE : _____

TELEPHONE (O) : _____ (R) : _____

FAX (O) : _____ (R) : _____

MOBILE : _____

EMAIL : _____

CHEQUE / DD NO. : _____ DATED : _____

DRAWN ON : _____ AMOUNT : _____

<u>NAME OF THE SEMINAR</u>	<u>AMOUNT</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

TOTAL _____

CHEQUE / DD SHOULD BE DRAWN IN FAVOUR OF "WIRC OF ICAI"

SIGNATURE OF THE MEMBER