



APPLICATION FORM

MERIT-CUM-MEANS ASSISTANCE (Company Secretaryship Course) SCHEME, 1983

(As amended upto 18th August, 2009)

- NOTE :** (i) Application form should be filled in neatly and legibly in **BLOCK CAPITAL LETTERS** in all respects by the candidate in his/her handwriting.
- (ii) Applications incomplete in any manner or application not accompanied by requisite supporting documents, i.e., proof of Annual Income of the applicant and his/her spouse/parent(s)/guardian(s), Caste Certificate, and/or Medical Certificate wherever applicable, shall summarily be rejected.

COURSE OF STUDY FOR WHICH MERIT-CUM-MEANS ASSISTANCE IS APPLIED FOR	*EXECUTIVE PROGRAMME	
	*FINAL/PROFESSIONAL PROGRAMME	

The Secretary & CEO
The Institute of Company Secretaries of India
'ICSI House', 22 Institutional Area
Lodhi Road, New Delhi 110 003

Sir,

I wish to apply for the financial assistance for pursuing studies for _____ Course under the "Merit-cum-Means Assistance (Company Secretaryship Course) Scheme, 1983".

2. *I am a *bona fide* registered student of the Institute and my Registration No. is _____.

*I am enclosing/have submitted my application for registration as a student on _____
(Date)

3. I have passed all the papers of Foundation Programme/Intermediate/Executive Programme Examination held in _____, 200__ under Roll No. _____ without exemption in any paper, in one sitting, and in first attempt.

4. I am enclosing **attested copies of following certificate(s)/document(s)** [Please tick] —

- (i) Mark-sheet in proof of having passed all the papers of Foundation Programme*/Intermediate/Executive Programme* examination of the Institute in the first attempt;
- (ii) Income Certificate issued by the employer in proof of my total monthly and yearly income;
- (iii) Income Certificate issued by the employer in proof of my spouse's / father's / mother's / guardian's total monthly and yearly income;
- (iv) Income-tax Return Documents for the immediate preceding year in respect of myself and/or my parents/guardian/spouse, if and where applicable;
- (v) Caste Certificate issued by the appropriate authority if the applicant belongs to SC/ST category; and
- (vi) Medical Certificate issued by the Surgeon / Medical Officer of a Government Hospital if the applicant belongs to a Physically Handicapped category.

Yours faithfully,

Place : _____

Date : _____

(Signature)

Name : _____

13. (a) Are you a member of the Scheduled Caste/Tribe ? (Yes/No) : _____
 (b) If yes, state the name of the Caste/Tribe : _____
 (Enclose an attested copy of the caste certificate issued by the appropriate authority in the prescribed proforma appended to this application.)
14. (a) Do you belong to Physically Handicapped category ? (Yes/No) : _____
 (b) If the answer to (a) above is yes, state the nature and degree of disability and enclose an attested copy of a Medical Certificate issued by the Surgeon/Medical Officer of the Government Hospital / Medical Board in the prescribed form : _____

15. Qualifications —

- (a) Educational : _____ (b) Professional : _____

- (c) Particulars of examinations passed commencing from S.S.L.C./Senior Secondary examination onwards:

Name of the Examination	Year of Passing the Exam.	Roll No.	Board/University/Institution	Rank/Div.	Percentage of Marks Obtained

16. (a) Are you receiving any other Scholarship/Financial Assistance for pursuing 'Company Secretaryship Course' ? (Yes/No) : _____
 (b) If yes, please indicate the amount of Scholarship/Financial Assistance: Rs. _____ $\frac{\text{Per month}}{\text{Per annum}}$
 (c) Name and Address of the organisation which has awarded you Scholarship/Financial Assistance : _____

 _____ PIN : _____

I hereby certify and declare that all statements made in this application and documents furnished herewith are true, complete and correct to the best of my knowledge and belief and that no information having a bearing on selection for award of financial assistance has been concealed, distorted or withheld.

If any of the information given hereinabove is found to be incorrect or wrong or suppressed, I undertake that I shall be liable to remit back to the Institute the entire sum of amount received towards financial assistance and/or to disciplinary action as the Institute may deem fit. Further, I agree to abide by the rules and regulations framed by the Institute from time to time for administration of the financial assistance scheme.

Place : _____

Date : _____

 (Signature of Applicant)
 Name : _____

COUNTER SIGNATURE OF :

Member of Parliament/
 Member of Legislative Assembly/
 Member of the Institute (ACS/FCS)/
 Magistrate/Munshiff/Notary Public/
 Gazetted Officer/Employer Organisation

 Signature with date, Designation
 and Office Seal

Name : _____

Designation : _____

Professional Membership No. (if any) : _____

Address : _____

DECLARATION OF INCOME

NOTE : THIS 'DECLARATION OF INCOME' MUST BE SUPPORTED BY ATTESTED COPY(IES) OF SALARY CERTIFICATE(S)/PENSION CERTIFICATE/INCOME-TAX RETURN DOCUMENTS AND/OR IN LIEU THEREOF AN AFFIDAVIT ON A STAMP PAPER OF Rs.5, DULY ATESTED BY A NOTARY PUBLIC/MAGISTRATE AS OTHERWISE THE APPLICATION FOR AWARD OF MERIT-CUM-MEANS ASSISTANCE WILL BE LIABLE TO BE REJECTED.

I, _____ son/daughter of Shri _____,
resident of _____,
Town/City _____ State _____ PIN : _____,
solemnly declare that —

- (i) my *monthly* total *income* is Rs. _____ (Salary*/Income* Certificate enclosed.)
- (ii) the *monthly* total *income* of my parents (both father & mother)*/guardian*/spouse* is Rs. _____ (Salary*/Income*/Pension* Certificate enclosed).
- (iii) the *yearly* combined income of my parents (both father & mother)*/guardian*/spouse* and myself from all sources is Rs. _____ (Rupees _____).
- (iv) the declaration given above is correct to the best of my knowledge and belief.

Signature of Applicant : _____

Place : _____ Name : _____

Date : _____ Student Regn. No. (if any) : _____

COUNTER SIGNATURE OF :

Member of Parliament/
Member of Legislative Assembly/
Member of the Institute (ACS/FCS)/
Magistrate/Munshiff/Notary Public/
Gazetted Officer/Employer Organisation

Signature with date, Designation
and Office Seal

Name : _____

Designation : _____

Professional Membership No. (if any) : _____

Address : _____

Phone No. (with STD Code) _____

Mobile No. _____

CASTE CERTIFICATE

NOTE : THE CASTE CERTIFICATE IS REQUIRED TO BE SUBMITTED BY THE SCHEDULED CASTE/TRIBE CANDIDATE ALONG WITH HIS/HER APPLICATION AS OTHERWISE THE APPLICATION FOR AWARD OF MERIT-CUM-MEANS ASSISTANCE WILL BE LIABLE TO BE REJECTED.

This is to certify that Mr./Miss/Mrs. _____
son/daughter of _____ resident of _____
_____ belongs to _____
Caste/Tribe which is recognised as a Scheduled Caste/Tribe.

2. Mr./Miss/Mrs. _____ and/or his/her family ordinarily
resides in village/town _____ of _____
District/Taluk of the State/Union Territory of _____.

Place : _____

Date : _____

(Signature with
*Designation and Office Seal)

***Officers competent to issue Scheduled Caste/Tribe Certificate —**

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/First Class Stipendiary Magistrate/City Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of First Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar
- (iv) Sub-divisional Officer of the area where the candidate and/or his/her family normally resides.