

A INSTITUTE OF COST & MANAGEMENT ACCOUNTANTS OF PAKISTAN

Application for Waiver

(Intermediate, A-Levels, and Professional Certifications)

	Registrat	ion No.		Latest Photograph
Cen	tre:	Session:		
To be filled-in by the candidate			_	
NAME OF APPLICANT (In Bloo				
FATHER'S NAME (In Block Let	ters):			
C.N.I.C. No.:	-			-
DATE OF BIRTH:	/	GENDER:	Male	/ Female
CURRENT RESIDENTIAL ADD	ORESS:			
CITY/TOWN:	POST CODE:		COUNTRY:	
CONTACT DETAILS: Land line	: Ce	ll No.:	Email:	
Please write the courses in which				
ICMA Pakistan Course	Based on	Based on Family alent Courses		Waiver Fee
1.	(Qualification)	Equival	ent courses	Walverree
2.				
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18.				
Documents Required: Mark sheet of the qualification UNDERTAKING I hereby certify that the inform registration in case any Education	nation provided in this appli	cation is correct. Th	e Institute has th	
	FOR OFFICE	HCE ONLY	Aŗ	oplicant's Signature
Assessment fee Paid Rs	FOR OFFICE		Documents in O	rder (Ves / No)·
	Keceipt No		Annroved by:	