FORM FEES : Rs. 20/-

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H.L. CENTRE FOR PROFESSIONAL EDUCATION

H.L. College Campus, Navrangpura, Ahmedabad-380 009
E-mail: info@hlcpe.ac.in Web Site: www.hlcpe.ac.in
Phone: 079-32915262 Tele Fax: 079-26464657

Sr. No.

Affix passport size photograph

ACCREDITED CENTRE FOR COMMON PROFICIENCY TEST (CPT), PROFESSIONAL COMPETENCE COURSE (PCC) & FINAL C.A. BY THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA (I.C.A.I.)

ADMISSION FORM

APPLICATION FORM FOR CPT, PCC AND FINAL C.A.

INSTRUCTIONS	Course Applied For	ROLL NO. (FOR OFFICE USE ONLY)
• Use Ball Point Pen • Write in CAPITAL Letters	Registration No. of I.C.A.I.	Examination Held in MONTH YEAR

1. Full Name of the Applicant (as in SSC/Matriculation Certificate)

NAME FATHER'S NAME SURNAME

2. Gender: Male ☐ Female ☐

3. Address for Communication (do not repeat name):

Phone: _____ Mobile: _____

E-mail ID: _____

4. Date of Birth: _____

5. Name of the School: _____ Medium: _____

6. Name of the College: _____ Medium: _____

7. Qualifications:

Examination	% of Marks	Total Marks Secured	Month/Year of Passing	Institution / Board / University
SSC				
HSC				
F.Y.B.COM				
S.Y.B.COM				
T.Y.B.COM				

8. Name of Father & Occupation: _____

_____ Phone No.: (O) _____ (M) _____

9. Local Residential Address:

10. If the Parent/Father resides outside india, provide his address :

DECLARATION

We, hereby declare that all the particulars stated in this application are true to the best of our knowledge and belief. We, have read and understood all the provisions of the Prospectus & the Rules and Regulations of the Institute and agree to abide by them. In the event of suppression or distortion of any fact like educational qualification, study period, nationality etc. made in the application, we understand that the admission is liable for cancellation. We also understand that the fees once remitted will not be refunded.

Place: _____ **Name & Signature of the Applicant**

Date: _____ **Name & Signature of Parent / Guardian**

How did you come to know about our Institute ?

(1) Friends ☐

(2) Relatives ☐

(3) Newspaper ☐

(4) An Old Student of this Institute referred me ☐

(5) Through Promotional activities/ Counseling at College ☐

Selection of Batch (as per availability)

Morning Batch ☐

Evening Batch ☐

FOR OFFICE USE ONLY

Remarks:

DIRECTOR'S SIGNATURE

Details of remittance of fees:

Amount: Rs. _____ Receipt No.: _____ Date: _____ Cash/Cheque/D.D.