FORM 1.1

Form for declaration of verifiable CPE by Member of ICAN

(In relation to Clause 8)

For the financial year…….

Name of the Member: ……

Category (CA/FCA//RA-B, C, D)……

Membership No…….

Certificate of Practice No……..

Details of CPE undertaken:

S. No	Date(s) of the Program	Topic of the Program	Organized By	Venue	CPE Hours Awarded
TOTAL CPE HOURS EARNED					

Signature:…….