

Regd. No:

ROLL NO:

**APPLICATION FOR CHARTERED ACCOUNTANT MEMBERSHIP EXAMINATION for ACCAs**

To,  
The Executive Director  
ICAN

Latest PP Size  
Photo  
Candidate should  
affix his/her  
specimen signature  
on the photo

I request for permission to present myself at the Chartered Accountant Membership Examination to be held in the month of December 2024. I declare that the facts and information given below are complete and correct. I also undertake to abide by regulations framed by the Council for the guidance of candidates appearing in the Examination.

A. NAME (Mr/Ms):

B. FATHER'S NAME:

C. ADDRESS:

D. PHONE No:

E-Mail Address:

E. SUBJECTS OF EXAMINATION: Please tick (✓) a group minimum

Group I

1. Paper 2: Advanced Financial Management

2. Paper 3: Advanced Audit and Assurance

3. Paper 4: Corporate Laws

Group II

4. Paper 5: Management Information and Control System

5. Paper 6: Advanced Taxation

6. Paper 7: Advanced Cost and Management Accounting

F. WHETHER YOU WANT TO HAVE YOUR MARKSHEET SENT BY POST: YES/NO  
(If yes, please fill up the postal address below)

NAME:

ADDRESS:

G. DETAILS OF EXAMINATION FEES:

No. of Papers .....@Rs. 1000/- Per Paper = .....

H. EXAM CENTRE:

Applicant's Signature:

Contact Number:

Date:

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(To be filled by ICAN)

Receipt No:

Approved by:

Checked by:

Record of answer books tendered at the Examination Centre

S. No.	Date	Subject	Name of Invigilator	Signature of invigilator
1		Paper 2: Advanced Financial Management		
2		Paper 3: Advanced Audit and Assurance		
3		Paper 4: Corporate Laws		
4		Paper 5: Management Information and Control system		
5		Paper 6: Advanced Taxation		
6		Paper 7: Advanced Cost and Management Accounting		

CENTRE RUBBER STAMP

Counter Signature of  
(Chief Invigilator/Superintendent)

**NOTE:**

1. Corrections are not permitted.
2. I hereby acknowledge the receipt and acceptance of the instructions provided to me along with this admit card and I fully agree to abide the terms and conditions mentioned in the instructions provided.

**CAUTION INVIGILATORS**

1. Kindly do not sign in advance
2. Sign only on actual receipt.

(Signature of Candidate)

Record of answer books tendered at the Examination Centre

S. No.	Date	Subject	Name of Invigilator	Signature of invigilator
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# THE INSTITUTE OF CHARTERED ACCOUNTANTS OF NEPAL

Roll No.

## Admit Card for Chartered Accountant Membership Examination, December 2024

(To be filled in by the Candidate in Capital Letters)

Name of Candidate: .....

Specimen Signature of Candidate .....

### Attestation Certificate:

I hereby certify that the photo attached is that of

Mr/Ms. ....

Who has signed in my presence on the photo as well as in the space provided for the purpose.

Signature of Chartered Accountant ..... Mem. No. ....

or Principal of Institution in which the candidate last studied/ is studying at present, with Official Stamp.

### LATEST PP PHOTO ONLY

Candidate should affix his/her specimen signature on the photograph, which should be pasted in this space and not merely stapled

Executive Director



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Executive Director



8. Level in ACCA Examination ..... Year of passing .....

S.No.	Subjects	Maximum Marks	Marks Secured

9. Level in ACCA Examination ..... Year of passing .....

S.No.	Subjects	Maximum Marks	Marks Secured

10. Practical Experience Requirement Status

(A) Name of Principal: .....  
 Membership No:.....COP No. ....  
 Firm's Name: .....  
 Address: .....

(B) Name of Principal:.....  
 Membership No:.....COP No. ....  
 Firm's Name: .....  
 Address: .....

(C) Name of Principal:.....  
 Membership No:.....COP No. ....  
 Firm's Name: .....  
 Address: .....

(D) Total Training Period. ....  
 From (specify DD/MM/YYYY) .....To (specify DD/MM/YYYY) .....

11. Mandatory Internship Requirement Status as per The Institute of Chartered Accountant of Nepal ( ICAN)

(A) Name of Principal : .....  
 Membership No:.....COP No. ....  
 Firm's Name: .....  
 Address: .....

(B) Name of Principal : .....  
 Membership No:.....COP No. ....  
 Firm's Name: .....  
 Address: .....

(C) Name of Principal:.....  
 Membership No:.....COP No. ....  
 Firm's Name: .....  
 Address: .....

(D) Total Training Period till the date of submission of exam form.....  
 From (specify DD/MM/YYYY) .....To (specify DD/MM/YYYY) .....

**Required Documents:**

**Applicants shall have to submit the following documents certified by principal/notary public.**

- ACCA Membership Certificate
- Mark sheet and Certificates from Fundamental to Professional Level (All level)
- Academic Certificate/Transcripts of SLC to higher degree
- Article Completion Certificate/ Practical Experience Requirement
- Citizenship Certificate / Passport
- Exemption Letter issued by The Institute of Chartered Accountant of Nepal
- Report of Practical Training
- Letter of Good Standing from ACCA

*Note: Additional papers can be attached where necessary.*

*Declaration: As required by Procedure 7.1 of ICAN-ACCA Membership Pathway Procedure, 2076, I will submit the COP from concerned Accounting Institute before applying for membership of ICAN.*

Applicant's Signature: .....

Date: .....