

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

**Application form for issue of Permanent Concession Card/
seeking concessions/relaxations in CA examinations
(to be submitted by candidates with permanent disability)**

1. Name :.....
(As in the letter of registration to the CA course, issued by ICAI)
2. Registration number :.....
3. Stage of CA Course : CPT/Intermediate (IPC)/Final
4. Postal Address :
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-
5. Date of birth :.....
6. Phone No. (Landline with STD Code)
7. Mobile phone no.
8. E-mail address :.....
9. Nature of disability :.....
10. Whether the disability is permanent or temporary* :
11. Percentage of disability :
12. Name of the hospital which issued permanent disability certificate :
13. Concession/relaxation sought : Extra time Writer Both
(Please tick what is applicable)
14. Bank account details

Name of the Bank	Name of Branch	Account No	Savings/ Current	IFSC Code Number

Declaration by the candidate

I declare that the information provided by me as above is true. I am eligible for the concession claimed as above, in terms of the Guidelines of ICAI in this regard. I understand that in case the information as provided as above is found to be incorrect, at a later date, I would be liable for action by ICAI for adoption of unfair means, as per the Chartered Accountant Regulations, 1988.

Date

Place

Signature of the Candidate

*Note: Cases of temporary injury/accident/fracture of hands/limbs etc are not covered under permanent disability norms and not eligible for any concession/relaxation. For more details refer to the announcement hosted on the student>examination section of www.icai.org

FOR OFFICE USE

Name of the candidate :

Registration Number :

Is the medical certificate issued by a Doctor of not less than the level of Civil Surgeon of Government Hospital :

Reference No of the certificate :

Nature of disability :

Is the disability : Permanent / Temporary

Percentage of disability :

Concessions approved

a) Extra time :

b) Assistance of writer :

c) Both :

Date:

Signature of the approving authority

Documents to be enclosed by the candidate

- Letter of registration to the course
- Certified copy of permanent disability Certificate issued by the Medical Board of a state/Central Govt. Hospital, duly attested
- Passport size photographs (2 copies)
- Post cards size photograph duly attested by a Chartered Accountant/Gazetted officer/Principal of a School/College
- Copy(ies) of similar concession granted, in the past, by any School Board/University
- The application along with the enclosures should be sent to The Additional Secretary (Exams), ICAI Bhawan, Indraprastha Marg, New Delhi 110 002, separately by Speed Post and should not be enclosed/sent together in the examination form envelope.