

Application for issue of a Duplicate Pass Certificate

Date:

The Senior Dy Director (Exams)
The Institute of Chartered Accountants of India
Examination Dept
C-1, Sector-1, NOIDA 201301

Dear Sir

Sub: Issue of duplicate pass certificate

Kindly issue duplicate pass certificate as per details given below:

Name of the candidate:

Contact no : Land line: Mobile:

E-mail address :

Address to which the duplicate pass certificate is to be sent:

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Student Registration No :

Details of the duplicate pass certificate sought:

Examination	Month and Year	Group Passed	Roll No

Details of Fees paid :DD/IPO No :

Date:

Drawn on :

Signature of candidate

- Encl: i) Demand Draft/IPO
ii)Affidavit in the prescribed format