

**APPLICATION FORM FOR FINANCIAL ASSISTANCE FROM  
CHARTERED ACCOUNTANTS STUDENTS BENEVOLENT FUND**

The Member Secretary  
Chartered Accountants' Students Benevolent Fund  
The Institute of Chartered Accountants of India  
ICAI Bhawan, A-29, Sector 62,  
**Noida-201309, Dist. Gautam Budh Nagar (U.P.)**

Dear Sir,

I request that I may be provided financial assistance for maintenance of C.A. education from the Chartered Accountants Students Benevolent Fund. I give below my particulars as:

|       |  |   |  |
|-------|--|---|--|
| 1     |  | i) Name of the applicant<br>ii) Date of Birth<br>iii) Age and Gender  |  |
| 2     |  | Articles Assistant Registration No.   |  |
| 3     |  | Full Address  |  |
| 4     |  | Marital Status  |  |
| 5     |  | i) Father's Name<br>ii) Occupation<br>iii) Address<br><br><b>iv) Monthly Income (Attach documentary proof)</b>  |  |
| 5 (b) |  | i) Mother's Name<br>ii) Occupation<br>iii) Address<br><br><b>(iv) Monthly Income (Attach documentary proof)</b> |  |
| 6     |  | Details of total income from all sources per month Indicate separately from each source.                        |  |
| 7     |  | Total monthly expenditure of the Students.  |  |
| 8     |  | What is the source from which the applicant is presently meeting his/her education expenditure per month?       |  |

|    |  |  |   |
|----|--|--|---|
| 9  |  | Detail of the parents /brothers /sisters of the articulated assistant and their occupation and their income together with source. The details of the financials assistance, if any, provided by them to the students.                |   |
| 10 |  | <b>Whether you are registered under IPCC/IIPCC/Final Course</b><br><br><b>(Enclosed attested copy of registration letter for the same)</b>   |   |
| 11 |  | Qualifications of the articulated assistant[ <b>enclosed copies of mark sheets of examinations passed</b> ]<br><br>a) 12 <sup>th</sup> Standard<br>b) CPT<br>c) Intermediate (IPC) / PE-II/PCE/IPCC<br>d) Graduation/Post Graduation | Marks secured in percentage and whether first attempt or not [state the attempt]<br><br><b>Marks</b> <b>Attempt</b><br>a).....%                      .....<br>b).....%                      .....<br>c).....%                      .....<br>d).....%                      ..... |
| 12 |  | Whether Physically Challenged <b>(if yes, enclose attested copy of medical certificate).</b>   |   |

13. Particulars of the family members of the applicant including parents, sisters and brothers.

| S. No | Name | Age | Relationship | Occupation | Annual Income |
|-------|------|-----|--------------|------------|---------------|
| (i)   |      |     |              |            |               |
| (ii)  |      |     |              |            |               |
| (iii) |      |     |              |            |               |
| (iv)  |      |     |              |            |               |
| (vi)  |      |     |              |            |               |

14. Particulars of School/College/University etc. where the student had studied (Any break in the education career should be indicated in the remarks column and attested copies of the certificate should be sent with this form)

| S. No | Name of School/ College and Institution | Examination Passed | Marks Obtains | Division awarded and % of marks | Remarks |
|-------|---|--------------------|---------------|---------------------------------|---------|
| (i)   |   |                    |               |                                 |         |
| (ii)  |   |                    |               |                                 |         |
| (iii) |   |                    |               |                                 |         |
| (iv)  |   |                    |               |                                 |         |
| (v)   |   |                    |               |                                 |         |

15. Whether any assistance received / likely to be received from S. Vaidyanath Aiyer Memorial Fund / Scholarship from Board of Studies of ICAI / any other sources for above period, if so, provide details.

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16. The extent of financial help sought from the Chartered Accountants Students Benevolent Fund and state reasons for the same

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17. Name, membership no. and address of Principal under whom practical training is being received

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I hereby declare that the particulars given above are true and complete to the best of my knowledge and belief and I have not concealed any information there from. I am aware that in the event of any information, if found to be false, distorted or twisted later, I will be disqualified from the receipt of any assistance from Chartered Accountants Students Benevolent Fund and would be bound to refund the amount even if received already to Chartered Accountants Students Benevolent Fund.

Yours faithfully,

(Signature)

Name \_\_\_\_\_

Articled Registration No. \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Mob.No. \_\_\_\_\_

**Correspondence Address:**

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**REMARKS OF THE EMPLOYER**

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Name:

Signature:

Membership No.

Correspondence Address:

## RECOMMENDATION

\*Recommendation of the Central Council Member/Chairman/Vice-Chairman/Secretary of the Regional Council or Branch of the Regional Council/Ex-President/Chairman/Vice-Chairman and Member Secretary/Board of Trustees of CASBF.

"I have gone through the particulars in the application form which has been filled in completely and the particulars stated therein are prima facie correct. In my opinion, it is a deserving case and financial assistance from the Chartered Accountants' Students Benevolent Fund may be sanctioned as per the guidelines"

Place: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature \_\_\_\_\_  
Membership No. \_\_\_\_\_

Name \_\_\_\_\_

Address & Rubber Stamp \_\_\_\_\_

Email id. \_\_\_\_\_

\*Strike out which not applicable.

|                                |
|--------------------------------|
| Articled Registration No.      |
| Applicant Name                 |
| <b>Correspondence Address:</b> |
|                                |
| Mob.No.                        |
| E.Mail.id:                     |

|                                |
|--------------------------------|
| Articled Registration No.      |
| Applicant Name                 |
| <b>Correspondence Address:</b> |
|                                |
| Mob.No.                        |
| E.Mail.id:                     |

### Note:

- 1. Kindly sent the application on above address of ICAI duly filled in and duly recommended by your Principal and Central Council Member/Chairman/Vice-Chairman/Secretary of the Regional Council or Branch of the Regional Council/Ex-President of ICAI/Chairman/Vice-Chairman, Member Secretary/Board of Trustees of CASBF along with necessary documents.**
- 2. Those students who are receiving or likely to be receiving scholarship from S.Vaidyanath Aiyar Memorial Fund/Scholarship from Board of Studies of ICAI/ any other sources for above period need not apply for the same.**