

**THE INSTITUTE OF COST AND MANAGEMENT ACCOUNTANTS OF BANGLADESH**  
 ICMA Bhaban, Nilkhet, Dhaka-1205.

APPLICATION FOR ADMISSION AS FELLOW MEMBER OF THE INSTITUTE

DATE RECEIVED	
APPLICATION ON	
MEMBERSHIP NO.	

**PART-A**

1. NAME IN FULL (Block Letters)	2. SURENAME, If Any (Block Letter)
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3.a. FATHER'S NAME	3. b. MOTHER'S NAME
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4. ADDRESS	a. Permanent	b. Present		
	c. Professional			
	5.	Day	Month	Year
	a. Date birth			
	b. Present Age			
	6.	NATIONALITY		

7. ACADEMIC QUALIFICATION (Start with First one. Copies of Certificates to be enclosed)				
Serial No.	Examination	Board/University	Division/ Class	Year of Passing

8. PROFESIONAL QUALIFICATION (Copies of Certificates to be enclosed)				
Serial No.	Institution	Examination	Roll No.	Month & Year of Passing

9. SERVICE EXPERIENCE ( Start from present, Copies of certificates of previous employment [if any] to be enclosed				
9.1.a. Name of Organization	b. Designation	c. Pay Scale or Gross Pay	d. Total Employee	e. Employees supervised
f. Type of Organization(Please Tick)		g. Period of Service		
i) Public Sector <input type="checkbox"/>	iv) NGO <input type="checkbox"/>	i) From	Day	Month
ii) Private Sector <input type="checkbox"/>	v) Professional Practice <input type="checkbox"/>	ii) To		Year
iii) Multinational Sector <input type="checkbox"/>	vi) Others <input type="checkbox"/>	iii) Total		
h. Details of area of experience:				
9.2.a. Name of Organization	b. Designation	c. Pay Scale or Gross Pay	d. Total Employee	e. Employees supervised
f. Type of Organization(Please Tick)		g. Period of Service		
i) Public Sector <input type="checkbox"/>	iv) NGO <input type="checkbox"/>	i) From	Day	Month
ii) Private Sector <input type="checkbox"/>	v) Professional Practice <input type="checkbox"/>	ii) To		Year
iii) Multinational Sector <input type="checkbox"/>	vi) Others <input type="checkbox"/>	iii) Total		
h. Details of area of experience:				
9.3.a. Name of Organization	b. Designation	c. Pay Scale or Gross Pay	d. Total Employee	e. Employees supervised
f. Type of Organization(Please Tick)		g. Period of Service		
i) Public Sector <input type="checkbox"/>	iv) NGO <input type="checkbox"/>	i) From	Day	Month
ii) Private Sector <input type="checkbox"/>	v) Professional Practice <input type="checkbox"/>	ii) To		Year
iii) Multinational Sector <input type="checkbox"/>	vi) Others <input type="checkbox"/>	iii) Total		
h. Details of area of experience:				
9.4.a. Name of Organization	b. Designation	c. Pay Scale or Gross Pay	d. Total Employee	e. Employees supervised
f. Type of Organization(Please Tick)		g. Period of Service		
i) Public Sector <input type="checkbox"/>	iv) NGO <input type="checkbox"/>	i) From	Day	Month
ii) Private Sector <input type="checkbox"/>	v) Professional Practice <input type="checkbox"/>	ii) To		Year
iii) Multinational Sector <input type="checkbox"/>	vi) Others <input type="checkbox"/>	iii) Total		
h. Details of area of experience:				



e. Research works						
i) Research topic	Source of data(tick)		Day	Month	Year	Media and name of publication
	Primary <input type="checkbox"/>	Commencement date				
	Secondary <input type="checkbox"/>	Completion date				
	Both <input type="checkbox"/>	Publication date				
ii) Research topic	Source of data(tick)		Day	Month	Year	Media and name of publication
	Primary <input type="checkbox"/>	Commencement date				
	Secondary <input type="checkbox"/>	Completion date				
	Both <input type="checkbox"/>	Publication date				
iii) Research topic	Source of data(tick)		Day	Month	Year	Media and name of publication
	Primary <input type="checkbox"/>	Commencement date				
	Secondary <input type="checkbox"/>	Completion date				
	Both <input type="checkbox"/>	Publication date				
iv) Research topic	Source of data(tick)		Day	Month	Year	Media and name of publication
	Primary <input type="checkbox"/>	Commencement date				
	Secondary <input type="checkbox"/>	Completion date				
	Both <input type="checkbox"/>	Publication date				
v) Research topic	Source of data(tick)		Day	Month	Year	Media and name of publication
	Primary <input type="checkbox"/>	Commencement date				
	Secondary <input type="checkbox"/>	Completion date				
	Both <input type="checkbox"/>	Publication date				

11. REFEREES (Two should be members of the ICMAB and one should be present employer)			
i)	a. Name	b. Address	c. Grade /Designation of the Institute
	d. Membership No.		
ii)	a. Name	b. Address	c. Grade /Designation of the Institute
	d. Membership No.		
iii)	a. Name	b. Address	c. Grade /Designation of the Institute
	d. Membership No.		

12. MEMBERSHIP WITH OTHER PROFESSIONAL INSTITUTIONS (Copies of certificates to be enclosed)				
Institution	Membership Category	Date of month		
		Day	Month	Year
i)				
ii)				
iii)				

13. ASSOCIATION WITH ICMA BANGLADESH				
<b>a. As Student</b>				
i) Registration No.	ii) Date of Registration		iii) Last examination passed	
v) Prizes won(if any)			vi) Scholarships awards (if any)	
<b>b. As Member</b>		<b>14. ADDITIONAL INFORMATION(if any)</b>		
i) Previous Membership No.				
ii) Date of Membership				

### PART – C

15. PAYMENT INFORMATION				
i) Enclosed a Bank Draft/Crossed Cheque for		Tk.	Taka Only	
ii) As	Admission Fee		Annual Membership Fee	
	Tk.	Taka Only	Tk.	Taka Only

### PART – D

15. DECLARATION			
<p>I .....the undersigned do hereby declare that: the above statements are correct;</p> <p>in the event of my admission as Fellow Member of the Institute. I will be governed by the Cost and Management Accountants Ordinance 1977 (L III of 1977) and the regulations made thereunder for the time being in force.</p> <p>I will advance the objectives of the Institute to the best of ability and will attend the meeting thereof as often as I conveniently can during tenure of my Membership.</p> <p>I further declare that:</p> <p>I am not and was never an insolvent;</p> <p>I have not been convicted by any court of law of any offence involving moral turpitude or of any offence committed by me in my professional capacity.</p> <p style="text-align: right;">Yours faithfully</p>			
Signature		Date	
		Day	Month
			Year

N.B. Following documents should be attached with this membership application:

- i) Recent Photograph (colour) 2 nos.
- ii) Salary certificate from the present employer.
- iii) Certificate from the employer stating the number of employees work under the number of employees working in the organisation.