

**CONSENT FORM**

**ICAI FOUR WEEKS RESIDENTIAL COURSE**

To,  
Secretary,  
Board of Studies-Operations (SSEB)  
ICAI , Noida

**Subject: Consent to attend Four Weeks Residential Course at COE, Hyderabad/Jaipur**

Dear Sir,

I hereby give my consent to permit my article Mr/Ms. \_\_\_\_\_ Registration No \_\_\_\_\_ to attend the Four Weeks Residential Course at COE Hyderabad/Jaipur organised by the ICAI from \_\_\_\_\_ (*Date of Commencement* ) to \_\_\_\_\_ (*End Date of the program* ).

**Details of the Students**

Name:

Registration No :

Mobile No:

Emergency contact Details :

Email ID:

**Principal Signature & Stamp**

*Name*

*Membership No.*

*Firm Name*

*Mobile No.*

Note : This Four Weeks Residential Program is a part of Articleship Training