

EXAMINATION ENTRY FORM

Please complete all sections below in full.
Applications not fully completed will not be accepted

REGISTRATION NUMBER SRN-

NAME

ADDRESS

EMAIL

MOBILE NUMBER

Examination Date

MM / YEAR

ATTACH
COLOUR
PHOTO HERE

Summer Winter

Form can be sent through email in pdf format to
examination@icpap.com.pk

NOTE: THE LAST DATE FOR THE RECEIPT OF THIS APPLICATION FORM IS **15 / 11 / 2024**
NO LATE APPLICATION FACILITY IS AVAILABLE

DD MM YEAR

I hereby apply to be allowed to present myself for the Formation/Professional Examination of the Institute in the subjects of:

If there is a conflict in papers, Kindly contact Examination Department

I wish to sit the exam in Karachi Islamabad/Rawalpindi Lahore Gujranwala Faisalabad
 Multan KSA Oman Bahrain UAE Peshawar **ONLINE** _____
 Qatar Date of sitting last examination of the Institute _____ / _____ Number of previous sittings _____
MM YEAR

1. What Centre of Education/Self did you study with for this attempt at the examination?

_____ Part time Full time Correspondence

2. Employment: Practice Industry /Commerce Public Sector

i. Name of Company

ii. Address of Company

Tel No _____ Fax No. _____

Position _____ Email _____

[NB] Please tick the box and contact the Institute by email if you require a special facility, such as wheelchair access, or have any other special requirement in accordance with the Examination Regulations. The examination regulations are published on the institute website www.icpap.com.pk

3. Examination Fees (which must accompany this form)

Examination Fees

	Pakistani	Overseas	Non-Pakistani
Module-1 Fundamentals [per subject]	3,800	4,500	US \$ 30
Module-2 Knowledge [per subject]	3,800	4,500	US \$ 30
Module-3 Essentials [per subject]	3,800	4,500	US \$ 30
Module-4 Skills [per subject]	3,800	4,500	US \$ 30
Module-5 Professional [per subject]	3,800	4,500	US \$ 30
Module-6 Specialization [per subject]	3,800	4,500	US \$ 30

My entry fee is made up as follows:

Cash Deposit/ Online Bank Transfer/IBFT **Rs.** _____

Credit carried forward from previous session: **Rs.** _____

Total Rs. _____

Payment

Direct Deposit IBFT Online Transfer | **Amount** _____

Number:

Name of Bank _____

City _____

Country _____

Signature: _____

Date: _____

*The fee must be paid through **Direct Deposit/Online Transfer/IBFT** by using any Pakistani commercial bank Account in Pakistan/Roshan Digital Account into the given bank account. Fee transfer to any staff member/Associate/Coordinator on behalf of ICPAP shall not be entertained. Online fee transfer from foreign bank/exchange may be reversed/delayed in credit into account.*

Now that you have completed the examination form please check that all the required information is present and correct.

[N.B.]

- Confirmation of receipt by the Institute of Examination Entry Form will be sent to students via email.
- If you do not receive confirmation of receipt of your application within one week of submission please contact the Institute at **+92-51-2853018** immediately.

Each student presenting for examinations of the Institute must have his/her CPA Roll Number Slip at the examination center

I have read, and I agree to abide by the Examination Regulations published on the Institute's website www.icpap.com.pk

Please sign below to confirm the above

Signature _____

Date: ____/____/____
DD MM YEAR

Reg. Number _____