

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

Summer / 2026

MM YEAR

Summer Winter

ATTACH
COLOUR
PHOTO HERE

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 / 05 / 2026
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 re-

3. Examination Fees (which must accompany this form)

Examination Fees

	Pakistani	Overseas	Non-Pakistani
Module-1 Fundamentals [per subject]	4,600	4,600	US \$ 30
Module-2 Knowledge [per subject]	4,600	4,600	US \$ 30
Module-3 Essentials [per subject]	4,600	4,600	US \$ 30
Module-4 Skills [per subject]	4,600	4,600	US \$ 30
Module-5 Professional [per subject]	4,600	4,600	US \$ 30
Module-6 Specialization [per subject]	4,600	4,600	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 examination@icpap.com.pk
- If you do not receive confirmation of receipt of your application within one week of submission please contact the Institute at examination@icpap.com.pk or phone **+92 (51) 28 53 0 18** 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: ____/____/____ **Reg. Number** _____
DD MM YEAR