

**ANNEXURE**  
**APPLICATION**  
**BOARD OF STUDIES**

**THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA**

**Application for Accreditation to conduct Oral Coaching Classes for Foundation Course**

1. a) Name of the Institution: \_\_\_\_\_  
b) Name of the Programme Co-Ordinator: \_\_\_\_\_  
Telephone No : \_\_\_\_\_  
Fax No. : \_\_\_\_\_  
Mobile No. : \_\_\_\_\_  
E-mail id : \_\_\_\_\_
  
  2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Indicate also the nearest city with distance in Kms, if situated in a semi-urban area)  
\_\_\_\_\_
  
  3. Name of the University/College to which the Institution is affiliated  
\_\_\_\_\_  
\_\_\_\_\_
  
  4. a) Year in which the Institution was established  
\_\_\_\_\_  
b) Year in which the Department of Commerce/Accounting/Management  
was set up
  
  5. Details of the Courses conducted by the Department of Commerce/Management/  
Accounting \_\_\_\_\_
  
  6. a) Whether the Institution has ever been accredited with ICAI? If so, please furnish  
the details of the classes organized during last three years, number of students  
attended the classes, etc. \_\_\_\_\_  
b) Number of students likely to attend coaching for Foundation. \_\_\_\_\_
-

7. a) Whether the Institute is teaching the following subjects, and if yes, then please furnish details of the faculty:

<b>Subject</b>	<b>Name of the Faculty</b>	<b>Qualification &amp; experience</b>	<b>Full Time/ Part Time</b>
Accounting			
Business Laws			
Quantitative Aptitude			
Business Economics			

- b) In the absence of any regular faculty for any of the subjects mentioned above, does the institute undertake to arrange guest faculty.

(If yes, please furnish the details. Copy of the consent letter from the faculty to be attached)

<b>Subject</b>	<b>Name of the Faculty</b>	<b>Qualification &amp; experience</b>	<b>Full Time/ Part Time</b>
Accounting			
Business Laws			
Quantitative Aptitude			
Business Economics			

8. Details of Infrastructural facilities:

- a) Buildings/Classroom (please attach additional paper, if necessary)  
 b) Library facilities

<b>Books</b>	<b>Approximate Number of Books</b>
Accounting	
Business Laws	
Quantitative Aptitude	
Business Economics	

9. Whether you will be able to provide coaching throughout the year: Yes/No
-

10. i) The maximum number of students the Institution can coach in a batch  
\_\_\_\_\_
- ii) Whether you will be able to run multiple batches Yes/No
- iii) Whether the Accredited Institute will provide 5 hours coaching per day for 100 days for a batch Yes/No
11. Whether the Institute will admit Co-Education students/women Yes/No
12. Proposed fee to be charged from the students
13. Name of the nearest Branch/Regional Council of The Institute of Chartered Accountants of India (if applicable) \_\_\_\_\_
14. Whether the institution is associated/planning to associate with the ICAI Examination Department for conducting Chartered Accountancy Examinations
15. Any other information considered relevant

**Declaration**

We hereby declare that information furnished herein above is true to the best of our knowledge and adhere to all the terms & conditions of the accreditation scheme for organizing oral coaching classes for the students of Foundation Course.

**Date:**

**Signature**

**Designation**

CHECKLIST FOR GRANT OF ACCREDITATION																
1.	Name and address of the Institution															
2.	Whether Institution is a College/University															
3.*	Whether College/Institution has Commerce/Management Department in existence															
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**\*University/College may note that overall 50% or more marks are mandatory while applying for accreditation.**

**\*\*If the College/University is not meeting the accreditation criteria after the physical verification the fees submitted along with the application form will be forfeited.**

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**BOARD OF STUDIES**

**THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA**

**Application for Accreditation to conduct Oral Coaching Classes for Intermediate Course**

1. a) Name of the Institution: \_\_\_\_\_  
b) Name of the Programme Co-Ordinator: \_\_\_\_\_  
Telephone No : \_\_\_\_\_  
Fax No. : \_\_\_\_\_  
Mobile No. : \_\_\_\_\_  
E-mail id : \_\_\_\_\_
  
  2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Indicate also the nearest city with distance in Kms, if situated in a semi-urban area)  
\_\_\_\_\_
  
  3. Name of the University/Board to which the Institution is affiliated \_\_\_\_\_  
\_\_\_\_\_
  
  4. a) Year in which the Institution was established: \_\_\_\_\_  
b) Year in which the Department of Commerce/Accounting/Management was set up \_\_\_\_\_
  
  5. Details of the Courses conducted by the Department of Commerce/Management/Accounting \_\_\_\_\_
  
  6. a) Whether the Institution has ever been accredited with ICAI? If so, please furnish the details of the classes organised during last three years, number of students attended the classes, etc. \_\_\_\_\_  
b) Number of students likely to attend coaching for Intermediate \_\_\_\_\_
  
  7. a) Whether the Institute is teaching the following subjects, and if yes, then please furnish details of the faculty: \_\_\_\_\_
-

Subject	Name of the Faculty	Qualification & Experience	Full Time / Part Time
<b>Group – I</b>			
Advanced Accounting			
Corporate and Other Laws			
Income-tax law Goods and Services Tax			
<b>Group – II</b>			
Cost and Management Accounting			
Auditing and Ethics			
Financial Management Strategic Management			

- b) In the absence of any regular faculty for any of the subjects mentioned above, does the institute undertake to arrange guest faculty

Subject	Name of the Faculty	Qualification & Experience	Full Time / Part Time
<b>Group – I</b>			
Advanced Accounting			
Corporate and Other Laws			
Taxation Income-tax law Goods and Services Tax			
<b>Group – II</b>			
Cost and Management Accounting			
Auditing and Ethics			
Financial Management Strategic Management			

(If yes, please furnish the details. Copy of the consent letter from the faculty to be attached)

8. Details of Infrastructural facilities available:

- (a) Building/Classrooms (please attach additional paper, if necessary)
- (b) Library facilities

Subject	No. of Books
Advanced Accounting	
Corporate and Other Laws	
Income-tax Law	
Goods and Services Tax	
Cost and Management Accounting	
Auditing and Ethics	
Financial Management	
Strategic Management	

9. Whether the Accredited Institution will be able provide coaching throughout the year: Yes/No

10. i) The maximum number of students the Institution can coach in a batch

\_\_\_\_\_

ii) Whether the Institution will be able to run multiple batches Yes/No

iii) Whether it will be possible for Accredited Institution to provide 5 hours coaching per day for 150 days for a batch Yes/No

11. Whether the Institute will admit Co-Education students/women Yes/ No

12. Proposed fee to be charged from the students

(a) Group-I \_\_\_\_\_

(b) Group-II \_\_\_\_\_

13. Name of the nearest Branch/Regional Council of The Institute of Chartered Accountants of India (if applicable) \_\_\_\_\_

14. Details of the Managing Committee/Governing Board

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15. Whether the institution is associated/Planning to associate with the ICAI Examination Department for conducting Chartered Accountancy Examinations
  
16. Any other information considered relevant

**Declaration**

We hereby declare that information furnished herein above is true to the best of our knowledge and adhere to all the Terms & Conditions of the Accreditation scheme for organizing oral coaching classes for the students of Intermediate Course.

**Date:**

**Signature**

**Designation**

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**BOARD OF STUDIES**

**THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA**

**Application for Accreditation to conduct Oral Coaching Classes for Final Course**

1. a) Name of the Institution: \_\_\_\_\_  
b) Name of the Programme Co-Ordinator: \_\_\_\_\_  
Telephone No : \_\_\_\_\_  
Fax No. : \_\_\_\_\_  
Mobile No. : \_\_\_\_\_  
E-mail id : \_\_\_\_\_
  
  2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Indicate also the nearest city with distance in Kms, if situated in a semi-urban area)  
\_\_\_\_\_
  
  3. Name of the University/Board to which the Institution is affiliated  
\_\_\_\_\_  
\_\_\_\_\_
  
  4. a) Year in which the Institution was established  
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b) Year in which the Department of Commerce/Accounting/Management was set up
  
  5. Details of the Courses conducted by the Department of Commerce/Management/Accounting \_\_\_\_\_
  
  6. a) Whether the Institution has ever been accredited with ICAI? If so, please furnish the details of the classes organized during last three years, number of students attended the classes, etc. \_\_\_\_\_  
b) Number of students likely to attend coaching for Foundation. \_\_\_\_\_
  
  7. a) Whether the Institute is teaching the following subjects, and if yes, then please furnish details of the faculty:  
\_\_\_\_\_
-

**Final Course:**

Subject	Name of the Faculty	Qualification & Experience	Full Time/ Part Time
<b>Group – I</b>			
Financial Reporting			
Advanced Financial Management			
Advanced Auditing, Assurance and Professional Ethics			
<b>Group – II</b>			
Direct Tax Laws and International Taxation			
Indirect Tax Laws			
Integrated Business Solutions (Multi-disciplinary Case Study with Strategic Management)			

b) In the absence of any regular faculty for any of the subjects mentioned above, does the institute undertake to arrange guest faculty.

If yes, please furnish the details. Copy of the consent letter from the faculty to be attached.

Subject	Name of the Faculty	Qualification	Experience
<b>Group – I</b>			
Financial Reporting			
Advanced Financial Management			
Advanced Auditing, Assurance and Professional Ethics			
<b>Group – II</b>			
Direct Tax Laws and International Taxation			
Indirect Tax Laws			
Integrated Business Solutions (Multi-disciplinary Case Study with Strategic Management)			

8. Details of Infrastructural facilities available:  
(a) Buildings/Classrooms (please attach additional paper, if necessary)  
(b) Library facilities
9. Whether the Accredited Institution will be able to provide coaching throughout the year \_\_\_\_\_ Yes/No
10. i) The maximum number of students Accredited Institution can coach in a batch (maximum batch size 50) \_\_\_\_\_  
ii) Whether Accredited Institution will be able to run multiple batches \_\_\_\_\_ Yes/No  
iii) Whether it will be possible for Accredited Institution to provide 5 hours coaching per day for 180 days for a batch \_\_\_\_\_ Yes/No
11. Whether the Institute will admit Co-Education students/women Yes/ No
12. Proposed fee to be charged from the students  
(a) Group-I \_\_\_\_\_  
(b) Group-II \_\_\_\_\_  
(c) Both Groups \_\_\_\_\_
13. Name of the nearest Branch/Regional Council of The Institute of Chartered Accountants of India (if applicable) \_\_\_\_\_
14. Details of the Managing Committee/Governing Board
15. Whether the institution is associated/planning to associate with the ICAI Examination Department for conducting Chartered Accountancy Examinations
16. Any other information considered relevant

**Declaration**

We hereby declare that information furnished herein above is true to the best of our knowledge and adhere to all the Terms & Conditions of the Accreditation scheme for organizing oral coaching classes for the students of Final Course.

**Date:**

**Signature**

**Designation**

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2.	Whether Institution is a College /University															
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