



**THE INSTITUTE OF COST ACCOUNTANTS OF INDIA**  
(Statutory body under an Act of Parliament )

CMA Bhawan, 3 Institutional Area, Lodhi Road, New Delhi- 110003

**FORM T-1**  
(In Triplicate)

**INTIMATION FOR ENGAGEMENT OF CMA STUDENTS AS TRAINEES**

1.	Name of the Practicing Cost Accountant/Firm of Cost Accountants	
2.	No. of partners	Fellow Members: Associate Members:
3.	Address:	
	City :	
	State :	
	Pin :	
4.	Telephone No. with STD Code	
	Mobile No.	
	E-mail ID	
5.	Maximum number of Trainees authorized (as per the number of Partners)	
	Total Number of Trainees already engaged.	
	Number of vacancies of Trainees.	
6.	Particulars of Student registered as Trainee:	
	Name in full (in Capital Letters):	

	Fathers Name (in Capital Letters):			
	Student's Registration No. with date			
	Residential Address			
	Telephone No.			
	Mobile. No.			
	E-mail ID			
7.	The period for which the Cost of Management Trainee has been engaged.	From: _____ (date) To: _____ (date)		
8.	Details of other Trainees currently engaged			
	<b>Name of the Trainee(s)</b>	<b>Reg. No.</b>	<b>Date of Joining as trainee</b>	<b>Date of leaving/ completion of training</b>
		(i)		
		(ii)		
		(iii)		
		(iv)		
		(v)		

The Trainee is engaged as per the Standard guidelines issued by the Institute on Practical Training.

Signature of the Student  
Registration. No.  
Date:

Authorized Signatory with name &  
Designation and Seal

**Note:** One copy of Intimation to be retained by the employer, one with the student and one copy be sent to The Director (T&P), The Institute of Cost Accountants of India, CMA Bhawan, 3 Institutional Area, Lodhi Road, New Delhi- 110003