



**THE INSTITUTE OF COST ACCOUNTANTS OF INDIA
COCHIN CHAPTER
INTERNSHIP REQUEST FORM**

STUDENT NAME (IN CAPITAL LETTER) :
CMA REG. NO. :
CONTACT NO. :
EMAIL ID. :
YEAR AND BATCH STUDIED :
STUDIED AT : COCHIN CHAPTER / PRIVATE / POSTAL
CMA -LEVELS CLEARD : INTER / GROUP1/ GROUP2/ GROUP3/GROUP4
QUALIFICATION :
ADDRESS & PINCODE :
:
INTERNSHIP LOOKING AT : FIRM / COMPANY / PRACTICING /OTHERS
WORK EXPERIENCE IF ANY :
DATE OF INTERNSHIP REG. FEE& RECEIPT NO. :

PLACE : DATE: SIGNATURE OF THE APPLICANT

CHAPTER RECOMMENDATIONS FROM COACHING IN-CHARGE

CLASS ATTENDANCE (IN %) :
ATTITUDE AND DISCIPLINE :
WHETHER ELIGIBLE FOR INTERNSHIP :
REMARKS :

SIGNATURE

PLACEMENT AUTHORITY

INTERNSHIP APPLIED AT :
INTERNSHIP PLACED AT :
PLACEMENT DATE :

SIGNATURE OF PLACEMENT AUTHORITY