**Indian Institute of Insolvency Professionals of ICAI (IIIPI)**

**Enrolment Form**

**With**

**Application for Pre-Registration Educational Course**

**[Under Regulation 5(b) of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) (Amendment) Regulations, 2018)]**

Passport-size photo

**To**

**The CEO,**

**Indian Institute of Insolvency Professionals of ICAI**

**Subject: Application for Enrolment as professional member and Pre-Registration Education Course**

Sir,

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have passed the Limited Insolvency Examination of Insolvency and Bankruptcy Board of India (IBBI) on \_\_\_\_\_\_\_ . A copy of my Certificate is attached.

I now wish to apply for Enrolment with Indian Institute of Insolvency Professionals of ICAI (IIIPI). You are requested to enrol me for the Pre-registration Education Course also.

My details are as under:

**A. PERSONAL DETAILS**

1. Title (Mr./Mrs/Ms.): …………

2. Name: ………………………………………………………………………………

3. Father’s Name: ………………………………………………………………………………………………….

4. Date of Birth: …………………………………………………………………………………………………….

5. Place of Birth: ……………………………………………………………………………………………………

6. PAN No.: ……………………………………………………………………………………………………………

7. AADHAAR No. (if available): ………………………………………………………………………………..

8. Passport No. (if available): ………………………………………

9. Address for Correspondence: ………………………………………………………………………………

10. Permanent Address: …………………………………………………………………………………………

11. E-Mail Address: ……………………………………………………………………………………………….

12. Mobile No.: ………………………………………………………………………………………………………

13. GST No. (Individual): ………………………………………………………………………………………

14. DIN (if available): ……………………………………………………….

15. CIBIL SCORE: …………………………………

**B. EDUCATIONAL, PROFESSIONAL AND INSOLVENCY EXAMINATION QUALIFICATIONS**

**1.** Educational Qualifications [Please provide educational qualifications from Bachelor’s degree onwards]:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Educational Qualifications  | Year of Passing | University/ College | Remarks if any |
|  |  |  |  |  |

**2.** Professional Qualifications:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Professional Qualifications  | Year of Passing | University/ Institute | Membership No (if applicable) | Date of enrolment | Date of Certificate of Practice | Remarks if any |
|  |  |  |  |  |  |  |  |

**3.** Date of passing **Limited Insolvency Examination:** \_\_\_\_\_\_\_\_\_\_\_

**C. WORK EXPERIENCE**

1. Are you presently in practice/employment? (Yes/ No)
2. Number of years in practice/employment (in years and months):
3. Experience Details:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | From Date | To Date | Employment / Practice | If employed, Name of Employer and Designation | If in practice, practice as Advocate / Chartered Accountant / Company Secretary /Cost Accountant | Area of work |
|  |  |  |  |  |  |  |

**D. ADDITIONAL INFORMATION**

1. Have you ever been convicted for an offence? (Yes/ No)

 If yes, please give details.

2. Are any criminal proceedings pending against you? (Yes/ No)

 If yes, please give details.

3. Have you ever been declared as an insolvent/bankrupt, or applied to be declared so? (Yes/No)

4. Please provide any additional information that may be relevant for your application.

**E. ATTACHMENTS**

1. Copy of proof of residence.

2. Copies of documents in support of Educational Qualification, Professional Qualification and Insolvency Examination Qualification.

3. Copies of documents demonstrating practice as –

i. a Chartered Accountant registered with the Institute of Chartered Accountants of India;

ii. a Company Secretary registered with the Institute of Company Secretaries of India;

iii. a Cost Accountant registered with the Institute of Cost Accountants of India; or

iv. an Advocate enrolled with the Bar Council;

4. Copies of certificate of employment from the employer(s), specifying the period of such employment.

5. Financial statement / Income-tax Returns for the last three years (Copy of Acknowledgement).

7. Details of Fees Payable:

8. Copy of document in support of CIBIL Score.

**E. UNDERSTANDING**

I understand and agree that my enrolment with IIIPI and attending of Pre-registration Course does not entitle me to the Registration, which is subject to my complying with various requirements of IBBI and satisfactory completion of Pre-Registration Course.

Name and Signature of applicant

Place:

Date:

**FOR OFFICE USE ONLY**

1. Date of Receipt of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Enrolment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**