

Indian Institute of Insolvency Professionals of ICAI (IIPI)
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]]

To

**The Managing Director,
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 (IIPI). 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).

6. Details of Fees Payable:

7. Copy of document in support of CIBIL Score.

F. UNDERSTANDING

I understand and agree that my enrolment with IIPPI 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.

G. AFFIRMATIONS

1. Copies of documents, as listed in section E of this application Form have been attached/uploaded. I undertake to furnish any additional information/documents as and when called for.
2. I am not disqualified from being enrolled as a professional member with any Insolvency Professional Agency under the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016.
3. I hereby certify and declare that I am not an undischarged insolvent/bankrupt and have not made any application to be adjudged so under the laws of any jurisdiction.
4. This application and the information furnished by me along with this application is true and complete. If found false or misleading at any stage, my enrolment shall be summarily cancelled.
5. I hereby undertake to comply with the requirements of the Insolvency and Bankruptcy Code, 2016, the rules, regulations, guidelines and circulars issued thereunder, the bye-laws of the Indian Institute of Insolvency Professionals of ICAI (IIPPI) with which I am enrolled, and the resolutions passed, and directions given by the Board and the Governing Board of IIPPI.

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