THE SOCIETY OF ACCOUNTING EDUCATION

To be filled by the Office:

Registration / Enrollment No._____   Date of Registration: _____ -- _____ -- _____

Admission/Enrollment Form
CERTIFIED TAX MANAGER (CTM)

The applicant should fill all columns in capital letters. Tick ( ) mark the appropriate box where necessary.

PERSONAL DATA

Applicant's Name_____

Date of Birth (dd/mm/yyyy) _____ -- _____ -- _____   Sex: ☐ Male ☐ Female   Marital Status: ☐ Single ☐ Married

CNIC No.:_____

Place of Birth:_____   Nationality:_____   Domicile: _____

Father's Name: _____   _____   ☐ Alive   ☐ Deceased

Profession:_____   Annual Income: _____

Organization Where Employed: _____

Organization Address: _____

Postal Address: _____

Permanent Address: _____

_____

Tel. (Res.): _____   Mobile: _____   Office:_____   Email:_____

ACADEMIC RECORD

QUALIFICATIONS	SCHOOL/COLLEGE/ UNIVERSITY	BOARD/ UNIVERSITY	YEAR OF PASSING	GRADE/ GPA	MAJOR SUBJECTS
Matriculation or Equivalent / 'O'-Level					
Intermediate or Equivalent/ 'A'-Level					
B.A./B.Com./B.Sc./BCS/BBA					
M.A./M.Sc./M.Com/MBA/PIPFA/CA/ ACMA/ACPA					
Other Qualification					

Attached a copy of the above testimonials.

Extra-curricular Activities

_____

_____

_____

_____

_____

_____

_____

WORK EXPERIENCE

Name of the Company	Title/ Position	From (month/year)	To (month/year)

Name	
Designation	
Organization	
Address	
Telephone	

Name	
Designation	
Organization	
Address	
Telephone	

APPLICANT UNDERTAKING

I hereby certify that the information given above is correct and I take full responsibility for any incorrect information. I clearly understand that acceptance of my application form and appearance in the test does not mean approval of my Admission.

I hereby agree to abide by the rules and regulations of the SOAE, as applicable currently, and revised/updated/enforced, during the currency of program.

Date (dd-mm-yyyy): _____ Applicant's Signature: _____

For Official Use

Fee Deposited: _____ vide DD/TT/PO No.:_____ Date:_____

Deposit Reference:_____ Verified By:_____ Admission Approved vide

Registration / Enrollment No._____ Date of Registration_____

Verified By:
_____
(Registrar)

Approved By:
_____
(President)

Attachment:
1. Fresh Resume
2. Two Photographs
3. One Copy of CNIC
4. Photocopies of Academic Qualification Certificates
5. Photocopies of Professional Qualification Certificates
6. Photocopies of Experience Certificates.
7. Photocopies of the Training Courses / Workshops Certificates.