

Application for ITA Examination

1. Name with initials : _____

2. Registration Number :

A

3. Address : _____

4. NIC No. : _____

5. Contact Tel. : Home: _____ Mobile: _____

6. Email (mandatory) : _____

7. Date of Examination you wish to sit: 2017-08-

8. Time (Mark "✓") : Session 1(9.00 am -11.30 am)

Session 2 (12.00 noon - 2.30 pm)

Session 3 (3.00 pm – 5.30 pm)

9. Examination Fees:

SPV No:

Exam Fee:

Rs. 3000/-

Payment Date: 2017-__-__

Scheduled dates for ITA Examination for October 2017 exam

Friday (18 th August 2017)	Saturday (19 th August 2017)	Sunday (20 th August 2017)
9.00 am -11.30 am	9.00 am -11.30 am	9.00 am -11.30 am
12.00 noon - 2.30 pm	12.00 noon - 2.30 pm	12.00 noon - 2.30 pm
3.00 pm – 5.30 pm		

I certify that the information given by me in this application is true and correct. I hereby agree to be bound by the regulations of the Institute of Certified Management Accountants of Sri Lanka and the rules for candidates issued by the Commissioner General of Examinations.

Signature of Applicant's

Important

- Limited students will be entertained for the ITA examination for a batch.
- Examination applications will be accepted on a first-come, first-served basis.
- Examination Fees - **Rs. 3,000/-**