

# Application for ITA Examination

1. Name with initials : \_\_\_\_\_

2. Registration Number :

3. Address : \_\_\_\_\_

4. NIC No. : \_\_\_\_\_

5. Contact Tel. : Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

6. Email (mandatory) : \_\_\_\_\_

7. Date of Examination you wish to sit: 2017-09-

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:  Payment Date: 2017-\_\_-\_\_

## Scheduled dates for ITA Examination for October 2017 exam

Friday (8 <sup>th</sup> September 2017)	Saturday (9 <sup>th</sup> September 2017)
9.00 am -11.30 am	9.00 am -11.30 am
12.00 noon - 2.30 pm	12.00 noon - 2.30 pm
3.00 pm – 5.30 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/-**