

**Special Examination for Members of Foreign Accounting Bodies with whom  
the ICAI had entered into Mutual Recognition Agreement (MRA) /  
Memorandum of Understanding (MoU)**

Control No. \_\_\_\_\_ Roll No. \_\_\_\_\_

**LATEST PHOTO  
ONLY**

Candidate should affix self-attested photograph which should be pasted in this space and not merely stapled.

## EXAMINATION APPLICATION FORM

**THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA**  
Special Examination for Members of Foreign Accounting Bodies with whom the  
ICAI had entered into Mutual Recognition Agreement (MRA) / Memorandum of  
Understanding (MOU) from 15<sup>th</sup> to 19<sup>th</sup> June 2026  
(Please fill in the form carefully as per instructions enclosed).

I. APPLICATION DETAILS (IN BLOCK LETTERS)	
1.	NAME (MR. / MS.): _____ as mentioned in the Registration Letter issued by the ICAI
2.	FATHER'S NAME: _____
3.	ICAI REGISTRATION NO. (ATTACH PHOTOCOPY)
4.	CITY OF YOUR: PROFESSIONAL ADDRESS _____ (for use in Pass Certificate) _____ _____
5.	CENTRE OPTED _____ City: NOIDA
6.	DETAILS OF EXAMINATION FEES PAID : INR ` _____ DEMAND / BANK DRAFT NO. _____ DATE _____ ON _____ (BANK) DRAWN IN FAVOUR OF SECRETARY, ICAI, NEW DELHI.
7.	ADDRESS (BLOCK LETTERS): _____ FOR SENDING ADMIT CARD _____ STATEMENT OF MARKS, ETC.) _____ CITY: _____ PIN _____  STATE: _____
7.	PHONE NUMBER: STD / ISD CODE: _____ NO. _____
8.	E-MAIL ADDRESS: _____

9.	<b>MEMBER OF (PLEASE TICK ✓ IN THE RELEVANT BOX)</b>		
	<b>Name of the Institutes</b>	<b>Tick Box</b>	
	<b>The Institute of Certified Public Accountants in Australia (CPA Australia)</b>		
	<b>The Institute of Certified Public Accountants in Ireland (CPA – Ireland)</b>		
	<b>Chartered Professional Accountants of Canada (CPA Canada)</b>		
	<b>South African Institute of Chartered Accountants (SAICA)</b>		
	<b>The Institute of Chartered Accountants of England &amp; Wales (ICAEW)</b>		
	<b>The Institute of Chartered Accountants of Nepal (ICAN)</b>		
	<b>The Malaysian Institute of Certified Professional Accountants (MICPA)</b>		
	<b>Chartered Accountants Australia and New Zealand (CAANZ)</b>		
9(a)	<b>Membership Number (Foreign Accounting Body) (Attach self attested photocopy)</b>		
10.	<b>Member of the CPA Australia - Please indicate the following: (Put tick [✓] mark in the relevant box).</b>	<b>Yes</b>	<b>No</b>
	i) Have you completed the subject <b>Assurance Services &amp; Auditing</b> (Pre 2010) or <b>Advance Auditing and Assurance</b> (Post 2010) in CPA Program.		
	ii) Have you completed the subject <b>Financial Reporting &amp; Disclosure</b> (Pre 2010) or Financial Reporting (post 2010) in CPA Program.		
11.	<b>Member of the (CPA – Ireland). - Please indicate the following: (Put tick [✓] mark in the relevant box).</b>		
	i) Have you completed the subject <b>Strategic Corporate Finance</b> as an elective in CPA Examinations		
	ii) Have you completed the subject <b>Audit Practice &amp; Assurance Services</b> in CPA Examinations.		

I request for permission to present myself for Special Examination for Members of Foreign Accounting Bodies with whom the ICAI had entered into Mutual Recognition Agreement (MRA) / Memorandum of Understanding (MoU) to be conducted by the Institute of Chartered Accountants of India from **15<sup>th</sup> to 19<sup>th</sup> June 2026**. I solemnly affirm that the above facts and information are complete and correct to the best of my knowledge and belief. Further, I solemnly affirm that I am eligible to appear in the ensuing Special Examination to be held from **15<sup>th</sup> to 19<sup>th</sup> June 2026** at Noida. I also undertake to abide by the rules for the said Special Examinations and the provisions of the Chartered Accountants Regulations, 1988 framed by the Council of the ICAI for the guidance of Candidates.

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

(Full Signature of Candidate)  
Name of the Candidate

**Address Slip**

(Please fill in Name & Address)

**Address Slip**

(Please fill in Name & Address)




**THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA**  
(Examinations Department)  
ICAI Bhawan, P.B. No. 7112, Indraprastha Marg, New Delhi – 110 002

**Special Exams under MRA / MOU - JUNE 2026**

**LATEST  
PHOTO ONLY**

Candidate should self-attested Photograph which Should be pasted in this space and not merely stapled.

**ADMIT CARD (DUPLICATE)**

**Roll No.**

\_\_\_\_\_  
(To be filled in by the Candidate in BLOCK LETTERS)

Name of the Candidate \_\_\_\_\_

Registration No. (ICAI) \_\_\_\_\_

Membership No. (Foreign Accounting Body) \_\_\_\_\_

Regn. No.  
\_\_\_\_\_

Centre: City NOIDA

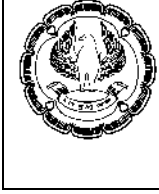
Specimen Signature of the Candidate \_\_\_\_\_

Venue of the Examination:  
(To be filled by the office)

Joint Secretary (Exams.)  
The Institute of Chartered Accountants of India

**Examination Centre: The Institute of Chartered Accountants of India**

**ICAI Bhawan, A-29, Sector 62, Noida – 201309  
Uttar Pradesh**



**THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA**  
**(Examinations Department)**  
**ICAI Bhawan, P.B. No. 7112, Indraprastha Marg, New Delhi – 110 002.**

**Special Exams under MRA / MOU - JUNE 2026**

**LATEST PHOTO ONLY**  
Candidate should Affix self attested Photograph which Should be pasted in this space and not merely stapled.

**ADMIT CARD**

**Roll No.**

\_\_\_\_\_  
**(To be filled in by the Candidate in BLOCK LETTERS)**

Name of the Candidate \_\_\_\_\_

Registration No. (ICAI) \_\_\_\_\_

Membership No. (Foreign Accounting Body) \_\_\_\_\_

Regn. No.  
\_\_\_\_\_

Centre: City NOIDA

Specimen Signature of the Candidate  
\_\_\_\_\_

Venue of the Examination:  
(To be filled by the office)

Joint Secretary (Exams.)  
The Institute of Chartered Accountants of India

**Examination Centre:**  
**The Institute of Chartered Accountants of India**  
**ICAI Bhawan, A-29, Sector 62, Noida – 201309**  
**Uttar Pradesh**

<b>Record of Answer Book tendered at the examination centre</b>		
<b>Date of Examination</b>	<b>Name of the Invigilator</b>	<b>Signature of the Invigilator in confirmation of receipt of answer book</b>
<b>15/06/2026</b>		
<b>16/06/2026</b>		
<b>17/06/2026</b>		
<b>18/06/2026</b>		
<b>19/06/2026</b>		

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<b>Record of Answer Book tendered at the examination centre</b>		
<b>Date of Examination</b>	<b>Name of the Invigilator</b>	<b>Signature of the Invigilator in confirmation of receipt of answer book</b>
<b>15/06/2026</b>		
<b>16/06/2026</b>		
<b>17/06/2026</b>		
<b>18/06/2026</b>		
<b>19/06/2026</b>		

**Special Exams  
under MRA / MOU  
JUNE 2026**

**To,**

The Joint Secretary (Examinations)  
The Institute of Chartered Accountants of India  
'ICAI Bhawan'  
Indraprastha Marg  
New Delhi – 110 002.

**From:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPEED POST**  
**Admit Card - Special Exams under MRAs / MoU**  
**JUNE 2026**

To,

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City \_\_\_\_\_ Pin

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State

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**THE JOINT SECRETARY (EXAMINATIONS)**

The Institute of Chartered Accountants of India

ICAI Bhawan, Post Box No. 7112,

Indraprastha Marg, New Delhi – 110 002.

**To,**

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**Pin**

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If undelivered please return to:  
**THE JOINT SECRETARY (EXAMINATIONS)**  
The Institute of Chartered Accountants of India  
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Indraprastha Marg, New Delhi – 110 002.