



THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA
(SETUP BY AN ACT OF PARLIAMENT)

Application Detail

Application Print

Foundation Exam Registration Form (January, 2025)

Student Details

Application Number
EFFD618623

Name
AYUSH CHOUDHARY

Gender
MALE

Father's Name
KESHAW CHOUDHARY

Date Of Birth

Registration No
CRO0837575

Region
CENTRAL

Nationality
INDIAN

Differently Abled ?
No

Percentage Of Disability
Not Applicable

Concessions
Not Applicable

Medical Certificate Date
Not Applicable

Last Known Contact Details

Mobile Number
9981051508

Email Id
aayushchoudharyji2000@gmail.com

Exam Details

Current Course Name
Foundation

Course Registration Date
06/Jul/2024

Course Code
NEWFND23

Course Expiry Date
06/Jul/2028

Examination Date
January/2025

Provisional Flag (Yes = Provisional)
No

Reason Of Provisional (When Flag = Yes)
None

Last Known Correspondence Address

Address Line 1
GRAM- BELMUNDI

Address Line 2
POST-BALODA

Address Line 3
TEHSIL - SARAIPALI

Address Line 4
BELMUNDI WARD NO - 2 MAHASAMUND BALODA
CHHATISGARH

Country
IND

State
CHHATTISGARH

District
MAHASAMUND

City
SARAIPALI

Pincode
493558

Qualification Details

Examination	Roll No	Board/Authority/University	Month and year of examination	Result				CGPA (Grade)
				Awaited/Passed	Marks Obtained	Maximum Marks	Percentage	
Class X	1221714378	CHHATISGARH BOARD OF SECONDARY EDUCATION	MAY 2024	PASSED	487	600	81.17	-
Class XII	12610576	CENTRAL BOARD OF SECONDARY EDUCATION (CBSE)	MAY 2024	PASSED	480	600	80.00	-

Medium Details

Medium Opted

English

Centre Details

Region

West

Exam State

MAHARASHTRA

Exam City

PUNE - I

Centre Code

1061

Zone

Katraj, Dhankawadi, Padmavati, Satara Road, Bibwewadi, Swargate, Sarasbaug,
Sahakarnagar

Fee Details (Based on Selections)

Examination Fees

1500

Late Fees

0

Total Fees

1500

Payment Transaction Details

Payment Mode

online

Payment Date

11/Nov/2024

Payment Status

S

Payment Transaction Number

2022431617390492795

Payment Order Id

EFFD6186232024111173945812

Payment Receipt Number

E20241111108872


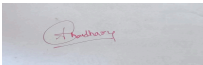
Payment Card Type

UPI

Self Declaration

I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. I have read the Guidance Notes for candidates and I shall abide by the terms and conditions contained therein. In the event of suppression or distortion of any fact made in this application form, I understand that I shall be denied the opportunity to appear in Foundation Exam and if already admitted / appeared, my admission / result acquired shall be liable for outright cancellation. I also understand that the decision of the Institute in this regard shall be final and binding upon me and I shall abide by the same.

Your Photograph And Signature (If Blank, Form can't Be Submitted)

Sr. No.	Description	Documents
1	Photo	
2	Signature	

Print

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