



# THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

(SETUP BY AN ACT OF PARLIAMENT)

## Application Details

### Foundation Exam Registration Form (January, 2025)

## Student Details

Application Number  
EFFD620769

Name  
SAMARTH AMAR ROCHKARI

Gender  
MALE

Father's Name  
AMAR BHARAT ROCHKARI

Date Of Birth

Registration No  
WRO0879017

Region  
WEST

Nationality  
INDIAN

Differently Abled ?  
No

Percentage Of Disability  
Not Applicable

Concessions  
Not Applicable

Medical Certificate Date  
Not Applicable

## Last Known Contact Details

Mobile Number  
7219415455

Email Id  
SAMARTHROCHKARI99@GMAIL.COM

## Exam Details

Current Course Name  
Foundation

Course Registration Date  
04/Jun/2024

Course Code

Course Expiry Date

Examination Date  
January/2025

Provisional Flag (Yes = Provisional)

Reason Of Provisional ( When Flag = Yes)  
None

Last Known Correspondence Address

Address Line 1  
NEAR OLD BUSSTAND TULJAPUR

Address Line 2  
BEHIND JAGDALE COMPLEX TULJAPUR

Address Line 3

Address Line 4

Country  
IND

State  
MAHARASHTRA

District  
OSMANABAD

City  
TULJAPUR

Pincode  
413601

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	L090217	MAHARASHTRA STATE BOARD OF SEC & HIGH. SEC. EDUCATION	MAF 2022	PASSED	349	500	69.80	PASS
Class XII	T088086	MAHARASHTRA STATE BOARD OF SEC & HIGH. SEC. EDUCATION	FEBI 2022	PASSED	459	600	76.50	Pass

Medium Details

Medium Opted
English

Centre Details

Region	Exam State
West	MAHARASHTRA
Exam City	Centre Code
PUNE - I	1061
Zone	
Katraj, Dhankawadi, Padmavati, Satara Road, Bibwewadi, Swargate, Sarasbaug, Sahakarnagar	

Fee Details ( Based on Selections)

Examination Fees	Late Fees
1500	0
Total Fees	
1500	



Payment Transaction Details

Payment Mode	Payment Date
online	11/Nov/2024
Payment Status	Payment Transaction Number
S	2012431621430340445
Payment Order Id	Payment Receipt Number
EFFD62076920241111214334039	E20241111110850
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