



**7. PERIOD OF ARTICALSHIP:-**

**8. NAME OF CHARTERED ACCOUNTANT WITH WHOM ARTICALSHIP IS COMPLETED:-**

**9. DATE SINCE WHEN PRACTICING AS A CHARTERED ACCOUNTANT:-**

**10. WHETHER ANY COOPERATIVE INSTITUTION AUDITED?**

**a) Name of the Institutions:-**

**12. REGISTRATION NO. IF ANY**

**13. PAN NO. IF ANY:-**

**DECLARATION:-**

- 1. I hereby declare that all the statements made in the application are true to the best of my knowledge and belief and the application has been filled up by me.**
- 2. I have never been debarred from the fellow members of the Institute of Chartered Accountants of India.**
- 3. I will abide by the directives /instructions issued by the Registrar and duties and powers of the Auditors as specified under sub-section (1),(2) and (3) of Section 75 of the Goa Cooperative Societies Act, 2001.**
- 4. Any willful misrepresentation of facts and concealment of information will results in the cancellation of my name from the panel of Auditors.**
- 5. The application alongwith duly attested copies of relevant documents such as Educational Qualification, other certificates etc. should reach to the Department, on or before the stipulated date at 'Sahkar Sankul' , 4<sup>th</sup> & 5<sup>th</sup> Floor , Patto- Panaji, Goa.**

**I hereby accept all the terms and conditions inserted in the Annexure appended to this application and also paid prescribed fees of Rs.50/- vide Receipt No. \_\_\_\_\_ dated \_\_\_\_\_ .**

**Place:-**

**Date:-**

**(Signature of the Applicant or  
Authorised person.)**