APPLICATION FOR EXEMPTIONS FROM ICCS EXAMINATIONS

INSTITUTE OF CHARTERED CORPORATE SECRETARIES OF SRI LANKA

No. 546/6B, Galle Road, Colombo 3, Sri Lanka. Tel./Fax: 2301982E

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Email: [iccs@sltnet.lk,](mailto:iccs@sltnet.lk) web:[www.iccslk.org](http://www.iccslk.org/)

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| --- | --- | --- | --- | --- |
| ICCS ID NO. |  |  |  |  |

Application no. (office use)

(Please read Student’s Guide for instructions before you fill this form)

**SECTION A**

*PLEASE USE BLOCK CAPITALS*.

1. **Full Name** (as you wish to see it in the Certificate)

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# Contact Address

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1. **E-mail Address**

Date Month Year

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1. **Date of Birth 5**. **Gender** Male Female

# 6. National Identity card 7. Passport no.

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1. **Telephone nos .**

Mobile

Home

Office

1. **Exemptions Applied for**: *Please read ‘Examinations’ and ‘Exemptions’ in the Student’s Guide for instructions and guidance.*

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| Examination/s you are qualified in. | SUBJECT/S FROM THE ICCS SL SYLLABUS FOR WHICH EXEMPTION/S IS/ARE SOUGHT BY THE APPLICANT | | | | | | | | | |
| Foundation  A | \* | Foundation  B | \* | Intermediate | \* | Professional  I | \* | Professional  II | \* |
| *Further particulars to be completed in table 10*  *(page 2)* |  |  |  |  |  |  |  |  |  |  |
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| \*For office use - to be completed by the SAC Members (please mark “**A”** - *if approved* ; “**D**” – *if declined* and “**E**” – *if recommended on exceptional basis for the approval of the Board of Management (BOM)*  *–Please state reasons for recommending on exceptional basis under Section C)* | | | | | | | | | | |

1. **Particulars of results of examination on which exemptions are claimed.** *(Please annex a schedule prepared in this format if space is insufficient).*

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| --- | --- | --- | --- |
| Name/s of Examinations  completed |  | | |
| Year and month of completion |  | | |
| **Subject/s** | **Grade** | **Subject/s** | **Grade** |
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*Please attach certified copy/copies of the certificate/s of the examination results on which you wish to claim exemption should be attached. Prior approval should be obtained before claiming exemption on any other qualification not indicated in the Student’s Guide*

# Declaration

I do hereby certify that the particulars furnished by me in this application are true and correct.

Date …………………………………………….. Signature ………………………………………………

**SECTION B**

**FOR ICCS OFFICE USE ONLY**

Date Received ………………………………………. Certificate examined by :………………………………… Date : ……………….

Eligibility of Registration : - \*Yes /No.

Checked by : …………………………………………. Registration Approved / Not approved ………………………………………..

Date ………………………………………………………. Signature of Officer ………………………………………………………………………

**SECTION C**

**APPROVAL / RECOMMENDATION / COMMENT OF THE STUDENT AFFAIRS COMMITTEE OF THE ICCS SL**

* We **approve** exemption/s of the subject/s (marked “A” in Section A/table 9) and submit for the concurrence/ratification of the Board of Management.
* We **do not approve** exemption/s of the subject/s (marked “D” in Section A/table 9) and submit for the information/concurrence of the Board of Management.
* We **exceptionally recommend** exemption of the subject/s (marked “E” in Section A/table 9) due to the

**following reason/s** and submit same for the approval of the Board of Management.

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| Signatures (SAC Members) | …………………………………….. | ……………………………………. |
| Name : | …………………………………… | …………………………………… |
| Date: | ……………………………………. | ……………………………………. |

\**Please delete inapplicable words/statements.*

Issued Exemption letter dated (Hony. Secretary)