## **Application Form for Certificate of Practice (COP)**

To, The Hon. Gen. Secretary The Indian Institution of Valuers Office No. 30, Manisha Blitz, Shankar Math, Hadapsar, Pune – 411013 (MS) India

Dear Sir, You are requested to consider my application for issuing Certificate of Practice from The Indian Institution of Valuers.

I am giving below the following actual information. I am Registered by The Indian Institution of Valuers as an "Associate / Fellow / Corporate Member and I have not applied for Certificate of Practice earlier. I am ready to attend the mandatory training program anywhere in India as per the availability of batches.

Therefore, a requisite amount is being paid by demand draft (DD)/Cash/Online.

Details are given below.
Ihereby  confirm  that  I  am  entitled  for  Certificate  of  Practice  as  I  have  compounded  my  annual  subscription  as  per  rule  of  The  Indian  Institution  of  Valuers  .
Full Name:
Membership Number:
Asset Class:
Address (Correspondence):
Pin No.:
Phone/ Mobile No.:Whatsapp No.:
E-mail:
G.S.T. No:
Full signature with Date
Enclosures: I am enclosing following documents for your kind consideration.
<ul> <li>Membership Certificate</li> <li>Passport size Photographs 2 Nos.</li> <li>Demand draft of Rs. 3540.00 including 18% GST ( Excluding Over Heads )</li> </ul>
( Demand Draft NoBankBranchDate) in favor of " The Indian Institution of Valuers", payable at Pune.'
For Account Transfer / NEFT / RTGS : Banking Details: □ Name: The Indian Institution of Valuers □ Bank Name :IDBI Bank □ IFSC Code :IBKL000065

For Office Use Only: Received the Application on ..... 

□ Branch: Wanawadi, Pune □ Account Type: Current □ Account No.: 0651102000006330