

**THE INSTITUTE OF TAXATION****Application for Exemption from Examination of CTM**

Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Latest Qualification \_\_\_\_\_ Year of Qualification \_\_\_\_\_

Address \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

I hereby apply for exemption(s) from the Institute's examination in the subject(s) marked below:

| CTM – Knowledge Level  |                      |              | CTM – Application Level |                      |              |
|------------------------|----------------------|--------------|-------------------------|----------------------|--------------|
|                        | Exemption<br>Fee Rs. | Check<br>Box |                         | Exemption<br>Fee Rs. | Check<br>Box |
| Information Technology | 3,000                |              | Economic and Finance    | 3,000                |              |
| Accounting - I         | 3,000                |              | Accounting - II         | 3,000                |              |
| Business Law - I       | 3,000                |              | Business Law - II       | 3,000                |              |
| Taxation - I           | 3,000                |              | Taxation - II           | 3,000                |              |

Total amount of exemption fee Rs. \_\_\_\_\_ payable in cash or through a crossed cheque drawn in favour of "The Institute of Taxation"

**Documents required:**

1. Degree of Educational Qualification (as applicable) – Attested photocopy
2. Certificate of Professional Qualification (as applicable) – Attested photocopy
3. Mapping Syllabus – Attested photocopy
4. CNIC – Attested Photocopy
5. Recent photograph – Write name on the back
6. Fill in the box below, why you should be awarded exemption(s)

Attach additional sheet if required

**Declaration**

I hereby declare that the information provided in the application is correct to the best of my knowledge and that the Institute has the right to revoke exemption(s) granted to me if any of the information provided is found incorrect.

Date \_\_\_\_\_

Signature of Candidate

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**For Office Use:**

Remarks \_\_\_\_\_

Required documents received \_\_\_\_\_

Exemption(s) granted for subject(s) \_\_\_\_\_

Checked by \_\_\_\_\_

Approved by \_\_\_\_\_