

## THE INSTITUTE OF TAXATION

## **Application for Exemption from Examination of CTA**

NameFather's Name							
Latest Qualification	Year of Qualification						
Address			_Mobile	Email			
I hereby apply for exemption(s)	from the Ins	titute's e	xamination in	n the subject(s) mark	ked below:		
CTA – Skills Level			CTA – Professional Level				
	Exemption Fee Rs.	Check Box			Exemption Fee Rs.	Check Box	
Tax Accounting and Financial Reporting	4,000			kes – Application axes - Application	4,000 4,000		
Direct Taxes – Technical Concepts	4,000			onal Taxation	4,000		
Indirect Taxes – Technical Concepts	4,000						
<ol> <li>Degree of Academic Qualification (as applicable) – Attested photocopy</li> <li>Certificate of Professional Qualification (as applicable) – Attested photocopy</li> <li>Mapping Syllabus – Attested photocopy</li> <li>CNIC – Attested Photocopy</li> <li>Recent photograph – Write name on the back</li> <li>Fill in the box below, why you should be awarded exemption(s)</li> </ol>							
					additional sheet i		

<b>Declaration</b> I hereby declare that the information provided in the application is correct to the second content of the second conte	ne best of my knowledge
and that the Institute has the right to revoke exemption(s) granted to me if any provided is found incorrect.	
Date	Signature of Candidate
For Office Use:	
Remarks	

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

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

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

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