

FORM OF NOMINATION

FORM OF NOMINATION OF A CANDIDATE FOR ELECTION TO THE MANAGING COMMITTEE OF INDORE BRANCH OF CENTRAL INDIA REGIONAL COUNCIL FOR THE TERM 2022 - 2025

We, the undersigned Members of the Institute of Chartered Accountants of India, belonging to the **Indore Branch of Central India Regional Council**, being qualified to vote in the election of members to the Managing Committee of the Indore Branch for the term 2022- 2025, do hereby nominate _____, who is a Member of the Institute belonging to the Indore Branch and is also eligible to vote in the said election, as a candidate for the election to the members of the Managing Committee to be held on **23rd January 2022**.

(1) Signature of Proposer _____
Name in full _____
(As published in the List of Voters)
Membership Number _____
Professional Address _____
Telephone No. _____
Email ID _____

Dated this _____ day of _____ 20__.

(2) Signature of Secunder _____

Name in Full _____
(As published in the List of voters)
Membership Number _____
Professional Address _____

Dated this _____ day of _____ 20__.

I, _____, being a Member of the Institute belonging to the Indore Branch not being in arrears on this day in respect of Annual Membership Fee for the current year and also being qualified to vote in the election of members to the Managing Committee of the Indore Branch for the term 2022 – 2025, agree to stand for the election to the said Managing Committee of the Indore Branch to be held **on 23rd January 2022.**

I agree to abide by the provisions of the Election Code of Conduct applicable for Branch election and the Directions of the Central Council regarding Functions of the Branches of the Regional Councils and the Chartered Accountants Regulations, 1988.

I send herewith the fee for election of **Rs. 1000/- (Rupees One Thousand only)** by Demand Draft / Banker's Cheque Order _____ dated the _____ on _____ Bank drawn in favour of the **"INDORE BRANCH OF CIRC OF ICAI"** payable at Indore.

Signature of Candidate _____

Name in full _____
(As published in the List of voters)

Membership Number _____

Professional Address _____

Dated this _____ day of _____ 20__.

VERIFICATION

I, _____, do hereby declare that the particulars given above are correct to the best of my knowledge and belief.

Place:
Date:

Signature of the Candidate

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