## JAIPUR BRANCH OF CICASA

## NOMINATION FORM 2025-2026

(For election of the members of the managing committee of Jaipur Branch of Central India CHARTERED ACCOUNTANTS STUDENTS' Association 2025-2026)

To, Jaipur Branch of CIRC of ICAI D-1, Jhalana Institutional Area, Jhalana Doongri, Jaipur (Raj)

Sir,

I wish to contest the election of the member of the managing committee of Jaipur Branch of central India Chartered Accountants Students Association for the term 2025-2026. I am furnishing herewith the following information: -

| 1 | Name and Address of the<br>Candidate       |  |
|---|--------------------------------------------|--|
| 2 | Contact Number                             |  |
| 3 | Name and Address of the principal          |  |
| 4 | Student Registration No.                   |  |
| 5 | Date of Commencement of<br>Training        |  |
| 6 | Probable date of completion of<br>Training |  |

I \_\_\_\_\_\_ hereby confirm and declare that:

1. I am a member of the Jaipur Branch of CICASA as of 1<sup>st</sup> September 2024, and I understand that I shall be entitled to vote, provided I continue to be a member on the date of the election.

2. I meet the above requirement and acknowledge that I am eligible to stand for election to the Managing Committee of CICASA, provided that the remaining period of my training is at least 12 months as of 28<sup>th</sup> February 2025.

I certify that the information provided above is true and correct to the best of my belief.

| Place:- |
|---------|
| Dated:- |

## **CERTIFICATE FROM PRINCIPAL**

| I                                                                                          |           |       |         | partner/proprieto | r of         |        |    |  |
|--------------------------------------------------------------------------------------------|-----------|-------|---------|-------------------|--------------|--------|----|--|
|                                                                                            |           |       |         |                   |              |        |    |  |
| Hereby                                                                                     | certify   | that  | Mr./Ms. | whose             | registration | number | is |  |
| is undergoing training under me. His /her date of commencement of training is              |           |       |         |                   |              |        |    |  |
| I certify that the information provided by the student in the above form is correct to the |           |       |         |                   |              |        |    |  |
| best of m                                                                                  | ny knowle | edge. |         |                   |              |        |    |  |

Place:-Date:- SIGNATURE Membership No.

We the undersigned hereby propose and second Mr./MS ...... for election to the managing committee of Jaipur branch of CICASA for the election to take place on

| PARTICULARS                  | PROPOSED BY | SECONDED BY |
|------------------------------|-------------|-------------|
| Name & Address               |             |             |
|                              |             |             |
| Telephone No.                |             |             |
| Student Registration No      |             |             |
| Name and Address Principal   |             |             |
| Date of Commencement of      |             |             |
| Training                     |             |             |
| Probable Date of Competition |             |             |
| of Training                  |             |             |
| Signature                    |             |             |
|                              |             |             |
|                              |             |             |

Place:-Dated:-