

## JAIPUR BRANCH OF CICASA

### NOMINATION FORM 2026-2027

(For election of the members of the managing committee of Jaipur Branch of Central India  
CHARTERED ACCOUNTANTS STUDENTS' Association 2026-2027)

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 2026-2027. I am furnishing herewith the following information: -

1	Name and Address of the Candidate	
2	Contact Number	
3	Name/Membership No. and Address of the principal	
4	Student Registration No.	
5	Date of Commencement of Training	
6	Probable date of completion of Training	

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

1. I am a member of the Jaipur Branch of CICASA as of 1<sup>st</sup> March 2026, 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 1<sup>st</sup> March 2026.

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

Place:-

Dated:-

(Signature of the Candidate)

## CERTIFICATE FROM PRINCIPAL

I..... partner/proprietor of.....  
 ..... do  
 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 my knowledge.

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:-