

FORM OF NOMINATION

**FORM OF NOMINATION OF A CANDIDATE FOR ELECTION TO THE
MANAGING COMMITTEE OF PUNE BRANCH OF
WESTERN INDIA REGIONAL COUNCIL
FOR THE TERM 2025 - 2029**

We, the undersigned Members of the Institute of Chartered Accountants of India, belonging to the **Pune Branch of Western India Regional Council**, being qualified to vote in the election of members to the Managing Committee of the said Branch for the term 2025 - 2029, do hereby nominate _____, who is a Member of the Institute belonging to the said 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 **Sunday, 12th January, 2025**.

(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 Seconder _____

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 _____ 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 said Branch for the term 2025 –2029, agree to stand for the election to the said Managing Committee of the Branch to be held on **Sunday, 12th January, 2025.**

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/Pay Order/Cheque No. _____ dated the _____ on _____ Bank drawn in favour of **Pune Branch of WIRC of ICAI.**

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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