

NOMINATION FORM FOR WICASA ELECTION 2024-25

Details of the Candidate

1	Name of Candidate(in Block Letters)	
2	Registration No.	
3	Residential Address	
4	Contact Details <ul style="list-style-type: none">• Phone No.• Email Id	
5	Date of Commencement to Articleship Training	
6	Completion date of Articleship Training	
7	Name, Address and phone no. of Principal	

Details of the Proposer

1	Name of Candidate(in Block Letters)	
2	Registration No.	
3	Residential Address	
4	Contact Details <ul style="list-style-type: none">• Phone No.• Email Id	
5	Date of Commencemen to Articleship Training	
6	Completion date of Articleship Training	
7	Signature	

Details of the Seconder

1	Name of Candidate(in Block Letters)	
2	Registration No.	
3	Residence Address	
4	Contact Details <ul style="list-style-type: none">• Phone No.• Email Id	
5	Date of Commencement to Articleship Training	
6	Completion date of Articleship Training	
7	Signature	

Details of Nomination Fee Rs.10/- by Online Payment /DD. No. _____

For online payment below are the Bank Details :-

Account Name : PUNE BR OF WICASA

Account Number : 53202010048453

IFSC Code : CNRB0015320

Bank Name : Canara Bank

Enclosures:

1. Copy of Letter of Registration of Articleship duly certified by the Principal for candidate, proposer and seconder.
2. NOC from Principal.
3. Recent Passport size photograph of the Candidate.

Declaration-

I hereby declare that the facts stated above are true and correct to the best of my knowledge and that I agree to abide by the rules and regulation prescribed for election of Pune Branch of WICASA as Prescribed in Appendix V of Chartered Accountants Regulations,1988.

Date:

Signature of Candidate

PRINCIPALS' NO OBJECTION CERTIFICATE (NOC)

The Chairperson,
Western India Chartered Accountants Students
Association, Pune
ICAI Bhawan, Bibawewadi,
Pune 411037.

Dear Sir,

I, CA. _____, hereby confirm that
Ms./Mr. _____ is serving as an Article Student
under me.

I am aware about his/her contesting for WICASA Managing Committee Elections scheduled on
Saturday, March 16th, 2024 and I have no objection to his/her active participation in activities of
Pune WICASA during Year 2024-2025.

Thanking You,

Yours Faithfully,

CA. _____

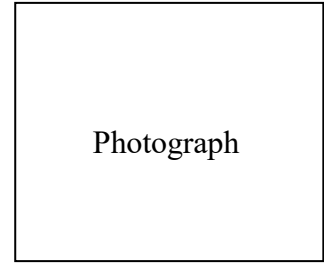
Membership No. _____

Place-

Date-

ELIGIBILITY FORM

The Chairperson,
Pune Branch of Western India Chartered Accountants
Students Association, ICAI Bhawan, Bibvewadi,
Pune - 411037.



Dear Sir,

I, Ms./Mr. _____, hereby inform you
that I am serving as an Articled/ Audit Clerk under Mr. _____ of
M/s. _____, Chartered
Accountants. My articled/audit service registration number as per Institute Register
is _____ and my service has commenced from _____.
I am therefore entitled to cast my vote for electing the members of the Managing
Committee of WICASA.

Place:

Date:

Signature

Countersigned by:

Name of the Candidate

CA.

(Name of the Principal)

Membership No. _____