

NOMINATION FORM FOR WICASA ELECTION 2020-21

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	Date of Expiry 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	Date of Expiry 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	Date of Expiry of Articleship Training	
7	Signature	

Details of Nomination Fee Rs.10/- by Cash/D.D. No.

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 Chairman,
Western India Chartered Accountants Students
Association, Pune
ICAI Bhawan, Bibavewadi, Pune
411037.

Dear Sir,

I, CA. _____, here by 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
Tuesday, March 24th , 2020 and I have no objection to his/her active participation in activities of
Pune WICASA during Year 2020-2021.

Thanking You,

Yours Faithfully,

CA _____

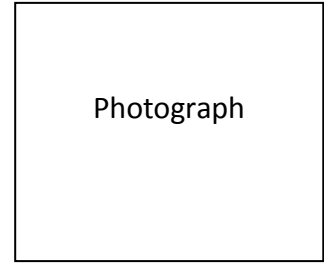
M No. _____

Place-

Date-

ELIGIBILITY FORM FOR CANDIDATE, PROPOSER & SECONDER

The Chairman,
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 Student

CA

(Name of the Principal)

Membership No.
