

**NOMINATION FORM FOR WICASA ELECTION 2019-20**

**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"><li>• Phone No.</li><li>• Email Id</li></ul>	
5	Date of Commencemen 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"><li>• Phone No.</li><li>• Email Id</li></ul>	
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"><li>• Phone No.</li><li>• Email Id</li></ul>	
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  
Saturday, April 20<sup>th</sup>, 2019 and I have no objection to his/her active participation in activities of  
Pune WICASA during Year 2019-2020.

Thanking You,

Yours Faithfully,

CA \_\_\_\_\_

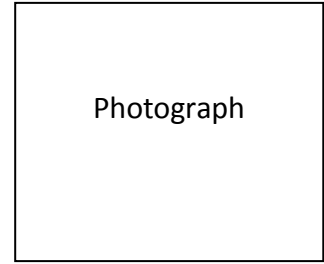
M No. \_\_\_\_\_

Place-

Date-

**ELIGIBILITY FORM**

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.

\_\_\_\_\_