

**FORM OF NOMINATION**  
**FORM OF NOMINATION OF A CANDIDATE FOR ELECTION TO THE**  
**MANAGING COMMITTEE OF RANCHI BRANCH OF**  
**CENTRAL INDIA REGIONAL COUNCIL**  
**FOR THE TERM 2016 - 2019**

We, the undersigned Members of the Institute of Chartered Accountants of India, belonging to the Ranchi Branch of Central India Regional Council, 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 2016 - 2019, 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 30<sup>th</sup> January, 2016.

(1) Signature of Proposer \_\_\_\_\_  
Name in full \_\_\_\_\_  
Membership Number \_\_\_\_\_  
Professional Address \_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

(2) Signature of Secunder \_\_\_\_\_  
Name in Full \_\_\_\_\_  
Membership Number \_\_\_\_\_  
Professional Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

I, \_\_\_\_\_, being a Member of the Institute belonging to the Ranchi 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 2016 – 2019, agree to stand for the election to the said Managing Committee of the Branch to be held on 30<sup>th</sup> January, 2016.

I agree to abide by the provisions of 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. 25.00 (Rupees Twenty Five only) by Demand Draft/Pay Order/ Cheque No. \_\_\_\_\_ dated the \_\_\_\_\_ on \_\_\_\_\_ Bank drawn in favour of the Branch.

Signature of Candidate \_\_\_\_\_

Name in full \_\_\_\_\_

Membership Number \_\_\_\_\_

Professional Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

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