

FORM OF NOMINATION

**FORM OF NOMINATION OF A CANDIDATE FOR ELECTION TO THE
MANAGING COMMITTEE OF
KANCHIPURAM DISTRICT BRANCH OF
SOUTHERN INDIA REGIONAL COUNCIL
FOR THE TERM 2017 to 2019**

We, the undersigned Members of the Institute of Chartered Accountants of India, belonging to the Kanchipuram District Branch of Southern 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 2017-19, 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 31.1.2017.

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

Dated this _____ day of _____ 2017.

(2) Signature of Seconder _____
Name in Full _____
Membership Number _____
Professional Address _____

Dated this _____ day of _____ 2017.

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 2017 to 2019, agree to stand for the election to the said Managing Committee of the Branch to be held on 31.1.2017.

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 _____ 2017.