

THE INSTITUTE OF Company Secretaries of India भारतीय कम्पनी सचिव संस्थान

JALANDHAR CHAFTER

"Yo develop high calibre professionals facilitation

Dated: 01st March 2024

Dear Members,

CS Atul Sud Chairman

Date: 01.03.2024 Place: Jalandhar

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Greetings from Jalandhar Chapter!

Sub: Nomination of a Member

As per Clause 16 of the ICSI Chapter Management Guidelines, there is one (01) Vacancy of office in the Managing Committee of Jalandhar Chapter of NIRC of ICSI.

In order to fill the said casual vacancy, Jalandhar Chapter, proposes to invite nomination from the Members of Jalandhar Chapter. The schedule is as under:

Date
01 st March, 2024
Up to 5:00 PM of 16 th March, 2024

The Nomination form is attached with this email and is also hosted on the Child Portal of Jalandhar Chapter of ICSI at <u>https://www.icsi.edu/jalandhar/home/</u>. The interested members may submit the Nomination form, duly filled in all respects, along with self-attested Professional Address proof, over email at <u>jalandhar@icsi.edu</u> on or before 5.00 PM of 16th March, 2024.

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Headeoneous (CSI house, 12, implicitional Area, Local Science, Serial Device 110.003 tel 011-4534 1808 fax (91-11-2462.6727 email: info@fillsr.edu, website www.ksr.edu

tel 90410-40129, email 51: jalandhar@icsi.edu

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Jalandhar Chapter of ICSI, # Counseiling Cell DAV College: Dayanand Nagar, Jalandhar-144068

For Jalandhar Chapter of NIRC of ICSI,



CONSENT

I, being a Member of the Institute belonging to the _____ Chapter of the _____ India Regional Council, not being in arrears this day in respect of any annual membership fee for the current year, and being eligible to stand for nomination, agree to stand as a candidate for nomination to one of the seats to be filled up for the Managing Committee of the said Chapter by Nomination caused due to casual vacancy of an elected member.

I agree to abide by the provisions in the ICSI Chapter Management Guidelines, 2024 (as amended time to time) and the decision taken by the Council / Institute from time to time and forward herewith the statement and (photographs) as annexed to this nomination form.

Signature of Candidate

Name in full _____

Membership No. _____

Address _____

Dated _____ day of _____ 20___

Please paste latest passport size colour photograph

STATEMENT OF PARTICULARS TO THE NOMINATION FORM ALONG WITH TWO COLOURED PHOTOGRAPHS

(To be annexed to the Nomination Form for Nomination to the _____ Chapter of the Institute of Company Secretaries of India).

a. Name, Me	mbership No., Professional Address	
b. Date of bir	th	
c. Date of En member	rolment as an Associate / Fellow	ÄCS FCS
d. Whether c	itizen of India	
other miscon has been rep removed fron	bund guilty of any professional or duct and consequently whether he primanded or the name has been in the Register or has been awarded e as on the date of nomination;	
please provid	er to (e) above is in affirmative, le the following details, wherever eparately for each misconduct for guilty):	
(i) (ii) (iii)	the offence for which found guilty the date of reprimand the date from which the name was removed on account of above disqualification from the Register	
(iv) (v)	the total period of removal the date on which the period of removal expires	
(vi)	whether the removal was on account of misconduct falling under the First Schedule or Second Schedule	
(vii) (viii)	the date on which the penalty of fine was awarded amount of penalty of fine	

(ix)) the date on which the payment was made for penalty of fine awarded;
g. The candidate may provide at his option the	
information in respect of the following:	
a)	Academic qualifications (diplomas
	including post qualification diploma(s)
	and degrees recognised by
	Government/Council and membership
	of professional bodies recognized by
	the Council);
b)	Merit awards (limited upto first three
	positions) in the examinations of
	recognised universities and the
	examinations conducted by the Institute;
	Particulars of occupation: - (Attached
C)	the proof)
	<u> </u>
	(i) Employment (designation with name of present
	with name of present employer)
	(ii) Practice (sole proprietor or
	in partnership including the
	name of the firm)
	(iii) Particulars of other
	occupation/ engagement, if
	not covered by (i) and (ii)
	above;
(d)	
	Managing Committees of Chapters
	and office of Chairman, Vice-
	Chairman, Secretary and/or
	Treasurer.

Signature of the Candidate

VERIFICATION

I.....ACS/FCSdo hereby verify that the information provided in the foregoing statement is true and correct to the best of my knowledge and belief and nothing relevant has been concealed thereof.

Verified on this......20___.

Signature of the Candidate