BHILWARA CHAPTER

THE INSTITUTE OF Company Secretaries of India भारतीय कम्पनी सचिव संस्थान

IN PURSUIT OF PROFESSIONAL EXCELLENCE Statutory body under an Act of Parliament

Dated: 02.04.2024

Dear Members,

Greetings from Bhilwara Chapter!

Sub: Nomination of a Member

As per Clause 11.1 of the ICSI Chapter Management Guidelines, there are One (1) Vacancy of office in the Managing Committee of Bhilwara Chapter of NIRC of ICSI.

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

Sr. No.	Particulars	Date
1	Notice inviting Nominations	02.04.2024
2	Duration of filling up the Nomination forms	Upto 5:00 PM of 18.04.2024

The Nomination form is attached with this email and is also hosted on the Child Portal of Bhilwara Chapter of ICSI at https://icsi.edu/bhilwara/home/. The interested members may submit the Nomination form, duly filled in all respects, along with self-attested Professional Address proof, over email at bhilwara@icsi.edu on or before 5.00 PM of 18.04.2024.

For Bhilwara Chapter of the ICSI,

CS Hitesh Kakani Chairman

Date: 02.04.2024 Place: Bhilwara





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	ound guilty of any professional or duct and consequently whether he rimanded or the name has been n 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): 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 the total period of removal the date on which the period of removal expires 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 ca	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		
•)	the proof)		
	<u> </u>		
	(i) Employment (designation 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)	Past and present membership of		
	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