Dated: 04-01-2024

Dear Members,

Greetings from Modinagar Chapter!

## Sub: Nomination of a Member

As per Clause 17 of the Chapter Management Guidelines, issued by the Council of the Institute of Company Secretaries of India, there is 1 Vacancy of office in the Managing Committee of Modinagar Chapter of NIRC of ICSI.

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

Sr. No.	Particulars	Date
1	Notice inviting Nominations	04-10-2023
2	Duration of filling up the Nomination forms	Upto 5:00 PM of 10-01- 2024

The Nomination form is attached with this email and is also hosted on the Child Portal of Modinagar Chapter of ICSI at <u>https://www.icsi.edu/modinagar/news-</u> <u>event/</u>. The interested members may submit the Nomination form, duly filled in all respects, along with self-attested KYC (Professional Address proof), over email at <u>modinagar@icsi.edu</u> on or before 5.00 PM of 10-01-2024.

For Modinagar Chapter of the ICSI,

CS (Dr) Karuna Gupta Chairperson Date: 04-01-2024 Place: Modinagar



## **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 said Managing Committee of the 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 (as amended) 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 \_\_\_\_\_ 2024

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	ndidate may provide at his option the
informatio	n 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
<b>•</b> )	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/FCS .....do 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......day of ......2024.

Signature of the Candidate