

YAMUNANAGAR BRANCH OF NORTHERN INDIA REGIONAL COUNCIL THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

(Set up by an Act of Parliament)

SCO 187, Commercial Belt, Sector-17, HUDA, Jagadhri, Yamuna Nagar-135003 Ph. 01732-223111, E-Mail: - yamunanagar@icai.org, Website: ynricai.org

FORM OF NOMINATION

FORM OF NOMINATION OF A CANDIDATE FOR ELECTION TO THE MANAGING COMMITTEE OF YAMUNANAGAR BRANCH OF NORTHERN INDIA REGIONAL COUNCIL FOR THE TERM 2025 - 2029

We, the undersigned Membe	rs of the Institute of Chartered A	ccountants of India, belonging
_	_	
_	_	-
_	_	
	aging committees to be neld on Es	, sandary, 2020.
Signature of Proposer		
Name in full		
(As published in the List of Voters)		
Membership Number		
Professional Address		
Telephone No.		
Email ID		
Dated this	day of	20
Signature of Seconder		
Name in Full		
(As published in the List of voters)		
Membership Number		
Professional Address		
Dated this	day of	20 .
	Yamunanagar Branch of Non of members to the Managin nominate	Name in full (As published in the List of Voters) Membership Number Professional Address Telephone No. Email ID Dated this



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Ι,	, being	a Member o	of the Institute
belonging to the Yamunanagar Bra Membership Fee for the current year the Managing Committee of the sai election to the said Managing Commi	anch not being in arrears of and also being qualified to v id Branch for the term 2025	n this day in re rote in the election of – 2029, agree	espect of Annual on of members to to stand for the
I agree to abide by the provisions of and the Directions of the Central (Councils and the Chartered Accounta	Council regarding Functions	• •	
	of <i>Rs.</i> 1000/- (Rupees O dated Bank dra	the	on
Signature of Candidate			
Name in full (As published in the List of voters)			
Membership Number			
Professional Address			
Dated this	day of	20	
VERIFICATION			
I, above are correct to the best of my k	, do hereby decla knowledge and belief.	are that the parti	culars given
Place: Date:		Signature of the	e Candidate