



## ANNOUNCEMENT

### QUALITY REVIEW BOARD OF ICSI INVITES APPLICATIONS FOR EMPANELMENT OF “QUALITY REVIEWERS”

The Ministry of Corporate Affairs has constituted the Quality Review Board of ICSI to make recommendations to the Council with regard to the quality of services provided by the members of the Institute; to review the quality of services provided by the members of the Institute including secretarial services; and to guide the members of the Institute to improve the quality of services and adherence to the various statutory and other regulatory requirements.

With a view to carry out the abovementioned functions, the Quality Review Board contemplates to avail the services of senior members of the profession to assess the quality of services being rendered by Company Secretaries both in practice and in employment.

#### Revised Eligibility criterion for Quality Reviewers-

A Quality Reviewer shall fulfil the criteria mentioned in para I or para II:-

##### I. An individual desiring to be empanelled:

- a) Be a Fellow member of ICSI; and
- b) Possess at least fifteen years of post-membership experience as Company Secretary in Practice or employment in the Secretarial Department of a Company or as a combination of practice and employment in the Secretarial Department of a Company; and
- c) Not be less than 40 years of age; and
- d) Be currently in practice of the profession of company secretaries.”

##### II. An individual desiring to be empanelled

- a) Empanelled Peer Reviewers who has completed minimum 2 assignments of Peer Review

Provided that the term of Quality Reviewer shall be three years subject to maximum six (6) months from the date of surrender of Certificate of Practice.

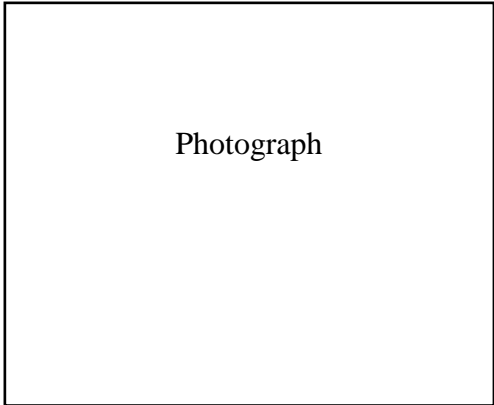
Provided further that existing empanelled Quality Reviewers are requested to re-empanel themselves by giving their consent as per new criteria as mentioned above within 6 months w.e.f. April 10, 2017 to remain continue on the Panel of Quality Reviewers.

Suitable honourarium will be provided for services rendered.

Interested persons may kindly apply in the enclosed format to Director, Directorate of Professional Development, Perspective Planning & Studies, The Institute of Company Secretaries of India, C-36, Sector-62, Noida-201 301 with a copy to email id: [qrb@icsi.edu](mailto:qrb@icsi.edu).

**PROFORMA FOR INCLUSION OF NAME IN THE PANEL OF “QUALITY REVIEWERS” BEING CONSTITUTED UNDER THE AEGIS OF “QUALITY REVIEW BOARD”**

To,  
 Quality Review Board  
 The Institute of Company Secretaries of India  
 ICSI HOUSE  
 C-36, Sector-62  
 Noida- 201 30



1. Applicant’s Name  
 Mr/Ms/Dr. (in Capital Letter)

FIRST MIDDLE LAST

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2. Father’s/Husband’s Name  
 Mr. (in Capital Letter)

FIRST MIDDLE LAST

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3. Date of Birth (DD MM YYYY)

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4. Institute's Membership details:

Particulars	Membership Number	Month & Year of membership
ACS details		
FCS details		
COP details		

5. Contact details in CAPITAL letters

	<b>Residential</b>	<b>Professional</b>
Address:		
City		
State		
PIN CODE		
Phone No With STD Code:		
FAX No		
Mobile No.		
E-mail Address		

6. Details of academic, professional and Post Membership qualifications obtained by passing the examinations (Graduation onwards):

EXAMINATION PASSED		University / Institution	Main subjects, if any
Name of Exam	Year		

7. Current Occupation (indicate major area(s) in which services rendered):

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8. Work experience:

Do you possess minimum fifteen years of post-membership experience as Company Secretary in Practice or employment in the Secretarial Department of a Company or as a combination of practice and employment in the Secretarial Department of a Company;

(Yes/No)

9. Are you empanelled Peer Reviewers who has completed minimum 2 assignments of Peer Review.

(Yes/No)

If Yes, then mention the Peer Reviewer Code: \_\_\_\_\_

10. Details of Post Qualification Experience in Employment/Practice (if require, attach separate sheet)

Name of the Employer/s	Designation	Professional Experience		Work Assigned / Performed
		From	To	

11. Are you member of any ICSI Regional Council/Managing Committee of Chapter, if yes; please provide the details:

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12. Other professional achievements, if any:

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13. Whether any penal action under any law has been taken/pending against you during last 5 financial years and/or thereafter? (Yes/No)

If yes, please give details thereof:

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*I hereby declare that the information given above is true and correct to the best of my knowledge and belief and that nothing has been concealed therefrom.*

Place:

Date:

(Signature)

(Name \_\_\_\_\_)

**For Office Use Only:**

1. Whether complete information in the prescribed format is given:

a.	a Fellow member of ICSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	Possess at least fifteen years of post-membership experience as Company Secretary in Practice or employment in the Secretarial Department of a Company or as a combination of practice and employment in the Secretarial Department of a Company	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c.	Not be less than 40 years of age	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d.	Be currently in practice of the of profession company secretaries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e.	Empanelled Peer Reviewers who has completed minimum 2 assignment of Peer Review	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Whether all other applicable points of the form have been filled:

Yes  No

If no, give details \_\_\_\_\_

\_\_\_\_\_

3. Whether any penal action under any law has been taken/pending against the applicant during last 5 financial years and/or thereafter:

Yes  No

4. Whether applicant is to be considered for allotment of reviews:

Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_

5. Reference No. allotted .....