[](http://www.icsi.edu/ContactUs/PhoneIntercomDirectory.aspx)

**CONSENT**

I, being a Member of the Institute belonging to the Dombivli Chapter of the Western 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 Company Secretaries Chapter Guidelines, 1983 (as amended) and the decision taken by the Council / Returning Officer 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2021

|  |
| --- |
| 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 Dombivli Chapter of the Institute of Company Secretaries of India).

|  |  |
| --- | --- |
| a. Name, Membership No., Professional Address |  |
| b. Date of birth |  |
| c. Date of Enrolment as an Associate / Fellow member | ÄCS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FCS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| d. Whether citizen of India |  |
| e. Whether found guilty of any professional or other misconduct and consequently whether he has been reprimanded or the name has been removed from the Register or has been awarded penalty of fine as on the date of nomination; |  |
| f. If the answer to (e) above is in affirmative, please provide the following details, wherever applicable (separately for each misconduct for which found guilty):   1. the offence for which found guilty 2. the date of reprimand 3. the date from which the name was removed on account of above disqualification from the Register 4. the total period of removal 5. the date on which the period of removal expires 6. whether the removal was on account of misconduct falling under the First Schedule or Second Schedule 7. the date on which the penalty of fine was awarded 8. amount of penalty of fine 9. 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:   1. Academic qualifications (diplomas including post qualification diploma(s) and degrees recognised by Government/Council and membership of professional bodies recognized by the Council); 2. Merit awards (limited upto first three positions) in the examinations of recognised universities and the examinations conducted by the Institute; 3. Particulars of occupation:-    1. Employment (designation with name of present employer)    2. 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 ………………………………2021.

Signature of the Candidate