



**The Institute of Cost Accountants of India**  
(Statutory body under an Act of Parliament)

**5<sup>th</sup> CMA Awards - 2017**  
**Nomination Form (CMA-Achiever Awards)**

1. **Name of the Nominee:** \_\_\_\_\_

2. **Name of the Company (In which nominee is employed) and CIN:** \_\_\_\_\_

3. **Office Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Pin Code:** \_\_\_\_\_

4. **Name of CFO :** \_\_\_\_\_ **Designation:** \_\_\_\_\_

**Mobile/Telephone:** \_\_\_\_\_ **Email id:** \_\_\_\_\_

5. **Category to which the company relates:**

(i) **Public Sector Undertaking/Private Sector:** \_\_\_\_\_

(ii) **Manufacturing Sector/Service Sector:** \_\_\_\_\_

6. **Contact Details of Nominee:**

**Mobile No:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_

**Fax No:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

7. **Qualification:** \_\_\_\_\_

**Membership Number: (ACMA/FCMA)** \_\_\_\_\_

**Membership Number of other Professional Institutes:** \_\_\_\_\_

8. **Gender (Male/Female):** \_\_\_\_\_

9. **Date of Birth:** \_\_\_\_\_

10. **Details of the Company (As on 31<sup>st</sup> March 2017):**

(i) **Number of employees (regular):** \_\_\_\_\_

(ii) **Turnover ( Rs/Lakh)** \_\_\_\_\_

(iii) **Nature of business:** \_\_\_\_\_

11. **Give details of positions held by the nominee starting from present position to past positions held for last 10 years :**

<b>Period (date)</b>	<b>Company Name and Address</b>	<b>Designation</b>	<b>Key role and responsibilities (please specify Cost Management responsibility, if any)</b>	<b>Annual CTC in the last year of the each employment (In Rs/Lakh)</b>
<b>From</b>	<b>To</b>			



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### 12. Academic/Professional Qualifications details:

Qualification	Board/University/Institute	Year of Passing	% of Marks
Graduation			
Post Graduation			
Professional Qualification (s)			

### 13. Details of Articles/Papers published in the leading Journals/Magazines/Newspapers (attach copy)

### 14. Give the list of those seminars/workshops/ conferences/ programs organized/conducted by the Institute and its Regional Councils/Chapter and attended by the nominee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 15. Details of Seminar/Workshops/Conferences/Programs wherein nominee participated as a resource person. Please also mentioned the topic dealt with. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 16. Awards received and personal milestones \_\_\_\_\_

\_\_\_\_\_

### 17. Give write up, preferably in one page, on each of the following areas:

- Outstanding Contribution of the Nominee to the Organisation specifically in cost control, cost management and better utilization of resources in the present position as well as previous positions held.
- Contribution of the Nominee in furtherance of the CMA profession and development of the Institute.
- Suggestions for taking the CMA profession forward.

### 18. (a) Whether any disciplinary action for economic/other offences. has been taken or pending with any organisation / authority against nominee: (Yes / No) \_\_\_\_\_

(b) If yes, give details: \_\_\_\_\_

\_\_\_\_\_

### 19. Please provide the list of CMA professionals, known to you who are holding key positions in Government, Corporate and other bodies, in the following format:

Name	Designation	Organisation	Membership No.	Contact details
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20. *Nominee is willing to contribute for the CMA Profession in the following areas ( Please tick ) :*
- i. *To increase opportunities for PCAs by liaison with concerned authorities*
  - ii. *To engage CMA students for training*
  - iii. *To participate in campus placement*
  - iv. *To arrange for Nomination to Institute's Programs*
  - v. *To be resource person for the Programs/seminars/Student Coaching*
  - vi. *To participate in CMA Awards and arrange for nomination in National Awards*
  - vii. *To write Technical Papers/ Articles*
  - viii. *To involve in Research Work/study*
  - ix. *To enhance Membership Strength by persuading qualified non-members*
  - x. *To contribute in Social Activities like Swatchh Bharat, Blood Donation camp, environment protection etc.*
  - xi. *To help under-privileged students by sponsoring the expenditure of their studies*
  - xii. *Any other area ( Please specify)*

**DECLARATION**

I hereby declare that all the information given above and in the enclosures is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Name of the Nominee)\*

\_\_\_\_\_  
(Signature)\*

\_\_\_\_\_  
(Name of the Nominator)

\_\_\_\_\_  
(Signature)

**\*Signature of the nominee is required only in case of self-nomination**

The last date of receipt of nomination is **September 15, 2018**. Please send the nomination at the address given below:

*The Joint Director (Professional Development)  
The Institute of Cost Accountants of India  
CMA Bhawan, 3, Institutional Area, Lodhi Road,  
New Delhi - 110 003  
E-mail: pd@icmai.in Website: www.icmai.in*

**Enclosures:**

1. *Annual Reports (2016-17 &2015-16)*
2. *Organisation Chart*
3. *Write up (Para 17)*
4. *List of CMA Professionals (Para 19)*
5. *Any Other* \_\_\_\_\_