



## The Institute of Cost Accountants of India

### Nomination form for CMA-CFO Award

Please affix  
photo

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Pin Code: \_\_\_\_\_
3. Qualification: \_\_\_\_\_
4. CMA Membership No: \_\_\_\_\_
5. Gender (Male/Female) : \_\_\_\_\_
6. Mobile No: \_\_\_\_\_
7. Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
STD Code: \_\_\_\_\_
8. E-mail: \_\_\_\_\_ Web-site: \_\_\_\_\_
9. Name of the Company: \_\_\_\_\_  
*(i) Turnover of the Company:* \_\_\_\_\_  
*(ii) Net worth of the Company:* \_\_\_\_\_  
*(ii) Area of Operation:* \_\_\_\_\_  
\_\_\_\_\_
10. *Present job profile*  
*(i) Present Designation* \_\_\_\_\_  
*(ii) Key Role in the Company:* \_\_\_\_\_  
*(iii) Achievements including recognition, award(s) won & personal milestones:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## The Institute of Cost Accountants of India

11. Please give details of previous jobs/positions held by you. Give the most recent job first followed by the preceding job:

Period	Company and Address	Designation	Key roles / Contributions / Achievements

12. Give the following details for the last three years:

	Unit	2013-14	2012-13	2011-12
a. Working Capital Cycle	No. of days			
b. Return on Capital Employed	%			
c. Value Added	Rs/Lakh			
Material Cost as a % of Revenue	%			
Labour Cost as a % of Revenue or	%			
Operating Cost as a % of Revenue ( For Service Sector)	%			
Overhead cost as % of Revenue	%			
Market value to book value ratio	1 <sup>st</sup> Qtr.			
	2 <sup>nd</sup> Qtr.			
	3 <sup>rd</sup> Qtr.			
	4 <sup>th</sup> Qtr.			

(Please attach the Annual Report & Audited/Unaudited Accounts of the Company for last two years)

13. Give one page write up on each of the following:

- a. Risk Management System
- b. Innovations in Management Accounting Practices
- c. Your contribution in improving Corporate Governance and CSR.



## The Institute of Cost Accountants of India

### Details of Nominator

1. Name: \_\_\_\_\_
2. Company Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. CMA Membership No: \_\_\_\_\_
5. Mobile No: \_\_\_\_\_ Telephone No: \_\_\_\_\_
6. Fax No: \_\_\_\_\_ STD Code: \_\_\_\_\_
7. E-mail: \_\_\_\_\_ Web-site: \_\_\_\_\_

### List of enclosures supporting the information of the nominee

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### DECLARATION

I hereby declare that all the information(s) given above and in the enclosures is/ are true and Correct to the best of my knowledge and belief.

\_\_\_\_\_  
Name of the Nominee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of the Nominator

\_\_\_\_\_  
Signature

**The last date of receipt of nominations is 25<sup>th</sup> April 2014 at the address given below:**

**CMA T.R. Abrol**  
Asst. Director (Finance)  
The Institute of Cost Accountants of India  
(Set up by an Act of Parliament)  
CMA Bhawan, 3, Institutional Area, Lodhi Road,  
New Delhi - 110 003  
E-mail: [admin.gupta@icmai.in](mailto:admin.gupta@icmai.in)  
Website: [www.icmai.in](http://www.icmai.in)