

**The Institute of Cost Accountants of India
12, Sudder Street, Kolkata – 700 016.**



ELECTION TO THE COUNCIL AND REGIONAL COUNCIL, 2019

NOTIFICATION

Kolkata, 26th March, 2019

Application for Permission to Vote by Post

No.EL-2019/11: In pursuance of Rule 28 of the Cost and Works Accountants (Election to the Council) Rules, 2006 read with Regulation 118 of the Cost and Works Accountants Regulations, 1959, the form for permission to vote by post as approved by the Council is annexed herewith.

The duly filled in and signed form along with requisite evidence should be submitted to the undersigned latest within 29th April, 2019 up to 6:00 P.M.

L. Gurumurthy, Returning Officer

Encl:- Form



Approval of other Forms relating to conduct of Elections.

FORM OF APPLICATION SEEKING PERMISSION TO VOTE BY POST

Shri L Gurumurthy
Returning Officer,
The Institute of Cost Accountants of India,
CMA Bhawan,
12, Sudder Street,
Kolkata – 700 016.

Dear Sir,

Subject: Elections to the Council and Regional Councils, 2019.

I hereby apply for permission to vote by post under Rule 28 of the Cost and Works Accountants (Election to the Council) Rules, 2006 read with Regulation 118 of the Cost and Works Accountants Regulations, 1959 and give below the necessary particulars:

1. Full Name:
2. Membership No:
(Mobile No: _____) (email id: _____)
3. Serial No. in the list of voters, if known:
4. Serial No. and address of the polling booth allotted:
5. Reason for seeking permission to vote by post:

(a) There has been a permanent change in my professional address* where I am employed from the address published in the list of voters, to another place beyond a radius of fifty kilometers from the polling booth allotted to me as given below:

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OR

(b) I am suffering from a permanent infirmity **, particulars of which are given below on account of which I shall not be able to exercise my vote on the date of election at the polling booth allotted to me.

Particulars of permanent infirmity:

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6. Address to which the voting papers should be sent:

Date:

Place:

Signature of the Member

VERIFICATION

I declare that the particulars given above are correct to the best of my knowledge and belief.

Signature of the Member

Date:

Place:

* The applications must be supported by a certificate duly signed by an authorized personnel of the organization where the member is employed.

** The application in this case must be supported by a certificate from a medical practitioner, not below the rank of a surgeon in any Government Hospital, confirming such permanent infirmity.

(DULY FILLED IN AND SIGNED HARD COPY OF THIS FORM IN ORIGINAL SHOULD BE SUBMITTED TO THE RETURNING OFFICER AT THE HEADQUARTERS OF THE INSTITUTE OF COST ACCOUNTANTS OF INDIA, CMA BHAWAN, 12, SUDDER STREET, KOLKATA – 700 016 LATEST WITHIN Monday, 29April, 2019 UP TO 6.00 P.M.)