



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

Nomination Form
CMA-CFO Awards-2015

1. Name of the Nominee: _____
2. Name of the Company (where nominee is employed) and CIN: _____
3. Office Address: _____

City: _____ Pin Code: _____
4. Contact Details:
Mobile No: _____ Telephone No: _____
Fax No: _____ STD Code: _____
E-mail: _____ Web-site: _____
5. Qualification: _____
Membership Number: ACMA/FCMA _____
6. Gender (Male/Female) _____
7. Date of Birth _____
8. Details of the Company (at the end of the year 2014-15):
(i) Number of employees (regular): _____
(ii) Nature of business: _____
9. Give details of positions held by the nominee starting from present position to past positions held :

Period From To	Company and Address	Designation	Key roles and responsibilities	Revenue from Operations in the last year of employment (Rs. Crore)



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

	<i>Unit</i>	<i>2014-15</i>	<i>2013-14</i>	<i>2012-13</i>
<i>a. Working Capital Cycle</i>	<i>No. of days</i>			
<i>b. Return on Capital Employed</i> (Enclose calculation sheet)	<i>%</i>			
<i>c. Economic Value Added</i> (Enclose calculation sheet)	<i>Rs/Crore</i>			
<i>d. Revenue from Operations</i>	<i>Rs/Crore</i>			
<i>e. Earnings per share</i>	<i>Rs</i>			
<i>d. Total operating expenses (incl. Cost of goods sold)) to revenue from operations ratio</i>	<i>%</i>			

(Please attach Annual Reports & Audited Accounts of the Company for the year 2013-14 and 2014-15)

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

12. Awards received and personal milestones _____

13. Give one page write up on nominee's contribution in each of the following areas:

- a. Corporate Governance*
- b. CSR activities*
- c. Cost Management Practices*
- d. Risk Management Practices*
- e. Role of Nominee in value creation for the organization*

14. (a) Indicate if any disciplinary action for fraud/embezzlement etc. has been taken by any organisation / authority against nominee: (Yes / No)

(b) If yes, give details: _____

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



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The last date of receipt of nomination is 5th April 2016. Please send the nomination at the address given below:

Ms. Sarika Agarwal

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 Website: www.icmai.in

Enclosures:

- 1. Annual Reports (2013-14 & 2014-15)**
- 2. Calculation Sheet of Return on Capital Employed (Para 10 b) and Economic Value Added (Para 10 c)**
- 3. Write up (Para 13)**
- 4. _____**
- 5. _____**