



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

Nomination Form
CMA- Achiever 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 :

<i>Period From To</i>	<i>Company and Address</i>	<i>Designation</i>	<i>Key roles and responsibilities</i>	<i>Annual CTC in the last year of the employment (In Rs.)</i>



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10. Academic/Professional Qualifications details:

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

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

12. Awards received and personal milestones _____

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

- a) *Achievements of the nominee since he became the member of the Institute.*
- b) *Outstanding Contribution of the Nominee to the Organisation in the present position as well as previous positions held.*
- c) *Contribution of the Nominee in furtherance of the CMA profession.*
- d) *Suggestions for taking the CMA profession forward.*

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. Write up (Para 13)

3. _____

4. _____

5. _____