

The Institute of Cost Accountants of India

(Statutory body under an Act of Parliament)

4th CMA Awards - 2016 Nomination Form (Achiever Awards)

1.	Name of the Nominee:								
2.	Name of the Company (where 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.		Details of Nominee:		Telephone No:					
	Fax No: _			E-mail:					
7.	Qualification:								
	Membersh	Membership Number: (ACMA/FCMA)							
	Membersh	Membership Number of other Professional Institutes:							
8.	Gender (M	Gender (Male/Female):							
9.	Date of Bi	Date of Birth:							
10.	Details of the Company (As on 31 st March 2016): (i) Number of employees (regular):								
	(ii) No	ature of business:							
11.	Give deta	ils of positions held l	y the nominee star	ting from present posi	tion to past positions held :				
	od (date)	Company and	Designation	Key role and	Annual CTC in the last				
From	То	Address		responsibilities	year of the employment (In Rs.)				



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12. Academic/Professional Qualifications details:

Qualification		Board/University/Institute	Year of Passing	% of Marks			
Graduation	ı						
Post Gradi	uation						
Profession	al Qualification (s)						
13.	Details of Articles/Papers published in the leading Journals/Magazines/Newspapers (attach copy)						
<i>14</i> .	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.							
13.	Details of Seminar/Workshops/Conferences/Programs wherein nominee participated as a resource						
	person. Please also mentioned the topic dealt with.						
16. Awards received an		and personal milestones					
<i>17</i> .	Give write up, preferably in one page, on each of the following areas:						
	a) Outstanding Contribution of the Nominee to the Organisation in the present position as well as						
	previous positions held.b) Contribution of the Nominee in furtherance of the CMA profession.						
	c) Suggestions for taking the CMA profession forward.						
				<u>.</u>			
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:						



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<u>DECLARATION</u>				
I hereby declare that all the information given above knowledge and belief.	and in the enclosures is true and correct to the best of my			
(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 <u>June 16, 201</u>	7. Please send the nomination at the address given below:			
Deputy 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 (2015-16 & 2014-15)				
2. Organisation Chart				
3. Write up (Para 17)				
1				