

The Institute of Cost Accountants of India

(Statutory body under an Act of Parliament)

4th CMA Awards - 2016 Nomination Form (Young 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.	Contact Details of Nominee: Mobile No:			Telephone No:					
	Fax No:			E-mail:					
7.	Qualification:								
	Membership Number: (ACMA/FCMA)								
	Membership Number of other Professional Institutes:								
8.	Gender (Male/Female):								
9.	Date of Bir	rth:							
10.	Details of the Company (As on 31 st March 2016): (i) Number of employees (regular):								
	(ii) Na	ture of business:							
11.	Give detai	ls of positions held by	y the nominee star	ting from present posi	tion to past positions held :				
Period From	l (date) To	Company and Address	Designation	Key role and responsibilities	Annual CTC in the last 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	1						
Post Gradu	ation						
Profession	al Qualification (s)						
13.	Details of Articles	y/Panara nublished in the leading	y Lournals/Magazines/N	ousnanors (attach conv)			
14.	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.	Details of Seminar/Workshops/Conferences/Programs wherein nominee participated as a resource						
	person. Please also mentioned the topic dealt with.						
	person I was and memonia increpic acan run.						
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16. Awards received a		and personal milestones					
17.	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.						
18.	(a) Whether any o	lisciplinary action for economic	other offences. has been	taken or pending with any			
	organisation / authority against nominee: (Yes / No)						
	(b) If yes, give det	tails:					



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<u>DECLARATION</u> I hereby declare that all the information given above	e and in the enclosures is true and correct to the best of m
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
The last date of receipt of nomination is <u>June 16, 20</u>	17. 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)	
4	