



The Institute of Chartered Accountants of India

Form of Application for permission to vote by post

[See sub-rule (2) of Rule 28 of the Chartered Accountants
(Election to the Council) Rules, 2006]

The Returning Officer,
The Institute of Chartered Accountants of India,
ICAI Bhawan,
Indraprastha Marg,
NEW DELHI – 110 002:

Sub: Elections 2012

Dear Sir,

I hereby apply for permission to vote by post under sub-rule (2) of rule 28 of the Chartered Accountants (Election to the Council) Rules, 2006. I give below the following information/particulars for your perusal:-

1.	Full Name [As published in the List of Voters]	
2.	Membership Number	
3.	Serial Number in the List of Voters (If known)	
4.	Address (As published in the List of Voters – 2012 – Copy available in the Headquarters of the Institute, its Regional Councils and Branches)	
5.	Polling Booth Number allotted as per List of Voters - 2012	

for
MSR

6.	Grounds on which permission to vote by post is being sought; i.e. suffering from any permanent infirmity; or there has been a permanent change in address; If so, whether you are in Service. ("Member in Service" under the said Rules means, a member of the Institute who is employed in an organization not being a firm.)	
7. (i)	Name and address of medical practitioner holding a position not below the rank of a Surgeon in Government Hospital together with full address of Government Hospital.	
(ii) (a)	Name, designation and contact telephone/mobile number of the personnel authorized by the Organisation to issue proof of permanent change in address.	
(b)	Full address of the organization	
8. (i)	Nature of permanent infirmity:	
(ii)	Date from which suffering from permanent infirmity. Or (i) Reason(s) for permanent change in the address, e.g. routine transfer, transfer on promotion, retirement, joining new organization and the like.	

(ii)	Date on which permanent change in address took place (The date of permanent change should be a date after 30 th April 2012 as the opportunity to effect any change upto 30 th April, 2012 was already available).	
(iii)	Details of changed i.e. new address	

In support of my application, I enclose herewith –

- Medical certificate confirming the above permanent infirmity issued by medical practitioner, namely, Dr. _____ (who is not below the rank of a Surgeon in a Government Hospital).

OR

- Proof[▲] of permanent change in address duly signed by authorized personnel of the organization in which I am employed.

Place:

Date:

Signature of the Member

VERIFICATION

I declare that the particulars given above are correct to the best of my knowledge and belief. I am aware that under sub-rule (4) of rule 28 of the said Rules, any misuse of the above concession or any mis-statement or false verification in this behalf shall attract disciplinary action against me under the Chartered Accountants Act, 1949.

Place:

Date:

Signature of the Member

▲ For example in the case of resigning from one organization and joining the other organization, proof of date of leaving the old organization and joining the new organization including copy of appointment letter are required to be submitted.

Tm
10/12