

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF SRI LANKA

# **Chartered Accountants Students' Society**

(Students' body of the Institute of Chartered Accountants of Sri Lanka) 30A, Malalasekara Mawatha, Colombo 07

	Membership No.		Date
Nominatio	n Form		(Office use only)
	Gender:		
	Date of Birth:	National ID	Card No:
	Telephone Number: Home:	Mobi	le:
	E-mail Address:		

### **Training Information**

**Applicant Information** 

Full Name:

Name with Initials:

Postal Address:

Student Registration No:

Name of the Training Organization: Postal

Address:

Firm Registration No. with CA Student Society

Firm Registration Category (Delete the inappropriate)

Public Practice No

Non Public Practice

Name of the Supervising Member:

Training Level:

Training Agreement No:

Training Period:

Human Resources (HR) Contact Person:

HR Contact No.:

HR Contact E-mail Address:

## **Position Information**

Executive/ General/ Associate

Executive Committee position applied for: \*

Position held previous years:

Year	Position	

## **Academic/Professional Qualification**

Year	Course	Stage

### Authentication \*\*

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I do hereby consent to be nominated as a member of the Executive / General/ Associate Committee member of the Chartered

Accountants Students' Society for the year ...... and to carry on the duties it entails to the best of my abilities.

Date

Signature of the Nominee

\* To be nominated as an Executive Committee member, the member nominated should have served in the General Committee not less than six months.

\*\* The HR Manager / Supervising member of the organization should authenticate the above filled as correct.