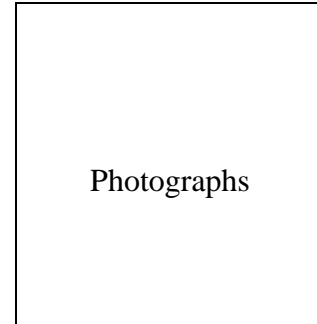


**ELIGIBILITY FORM**

The Chairman,  
Ahmedabad Branch of WICASA  
ICAI Bhavan, Sadar Patel Colony  
Nr. Usmanpura Under Bridge  
Naranpura, Ahmedabad-380014



Dear Sir,

I, Ms./Mr. \_\_\_\_\_, hereby inform you that  
I am serving as an Articled/ Audit Clerk under Mr. \_\_\_\_\_ of  
M/s. \_\_\_\_\_, Chartered Accountants. My articled/  
audit service registration number as per Institute Register is \_\_\_\_\_  
and my service has commenced from \_\_\_\_\_.  
I am therefore entitled to cast my vote for electing the members of the Managing  
Committee of WICASA.

Place:

Date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of the Student

Countersigned by

\_\_\_\_\_  
Name of the Principal  
Membership No. \_\_\_\_\_