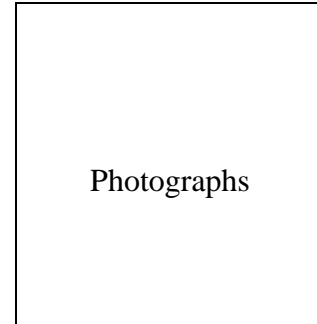


ELIGIBILITY FORM

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. _____