## **ELIGIBILITY FORM**

The Chairman, WICASA of Vapi Branch of WIRC of ICAI, 3<sup>rd</sup> Floor, Yamuna Complex, Near Gokulvihar Township, N.H. 08, Vapi-396195 (GUJARAT).

Photographs

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	
Further I declare that I am eligible to enroll myself as a Candidate for being Elected as	
member of Managing Committee of WICASA of Vapi Branch.	

Place:

Date:

Signature

Name of the Student

Countersigned & Sealed by

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

> VAPI BRANCH OFWIRC OF ICAI 3<sup>rd</sup> Floor Yamuna Complex, Near Gokul Vihar Township N.H. 08, Vapi – 396195, GUJARAT. Contact No.: 8238228282; (0260) 2468282 E-mail: vapi@icai.org