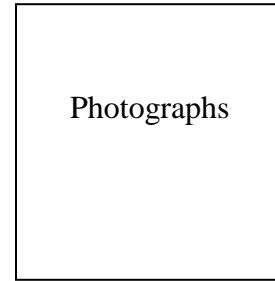


ELIGIBILITY FORM

The Chairman,
Western India Chartered Accountants
Students' Association,
3rd Floor, Yamuna Complex,
Near Gokulvihar Township,
N.H. 08, Vapi-396195 (GUJARAT).



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. _____