FORM-B: NOMINATION PAPER

| Name of the College/Institution/Faculty: | | | | |
|---|--|--|--|--|
| (To be used when the number of members on the Electoral College is three or less than three) To The Returning Officer, | | | | |
| | | | | |
| Sir/Madam, I wish to contest the election of the College/Institution/Faculty Representative on the Students' Council of the University. | | | | |
| My particulars are as under: 1. Name in full: 2. Class: 3. Roll No. & Division: 4. Date of Birth: 5. Residential address: | | | | |
| 6. Telephone No.: | | | | |
| Place: Date: Signature of the candidate. | | | | |
| DECLARATION OF THE CANDIDATE | | | | |
| I hereby declare that I have read the statutes, and code of conduct for the election of the University Faculty Representative and these are binding on me. I further declare that the information given above is true to the best of my knowledge and belief. I further declare that I consent to my nomination. | | | | |
| Date: Signature of the candidate | | | | |

INSTRUCTIONS TO THE CANDIDATE

- 1. The nomination paper must be submitted to the Returning Officer so as to reach him/her not later than the time and day notified for the receipt of nomination.
- 2. Nomination papers shall be in the prescribed form, and shall be dated and signed by any two members entitled to vote. No person shall be nominated as a candidate for election unless he/she signifies his/her consent on the nomination paper. A nomination paper which does not comply with all the requirements shall be rejected.

REMARKS OF THE OFFICE

| The nomination paper of Sh | | | |
|-----------------------------------|--|-------------------------|--------------------|
| | | (day), the | |
| (dat | e) at | (time). | |
| | | | |
| | | Signatu | re of the receiver |
| SCR 1. The Nomination Paper is | UTINY OF THE NOMIN found to be valid. | IATION PAPER | |
| 2. The Nomination paper is | invalid due to | | |
| 3. The Nomination paper is | withdrawn by the car | ndidate on | |
| Data | C: an | atura of the Daturation | og Officer |
| Date: | Signature of the Returning Officer | | |