

FORM-G

FORM OF COMMUNICATION OF RESULT OF ELECTION OF UNIVERSITY CLASS REPRESENTATIVE

(To be communicated WITHIN TWO DAYS from the date of election of University Faculty Representative)

NAME OF THE INSTITUTION: _____

FACULTY: _____

DATE OF HOLDING THE ELECTION: _____

Name of the Elected Class Representative & address	Class	Particulars of the outstanding achievements in Sports/ NSS/ NCC /Cultural activities*	Whether belonging to SC/ST/OBC

*Necessary certificates to be attached.

I certify that the election of the University Class Representative was held in accordance with the rules and procedure laid down in Goa University Statutes, SA.23.

Date: _____

Signature of the Head of Institution

SEAL