

**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/School Representative)

NAME OF THE INSTITUTION: \_\_\_\_\_

FACULTY/SCHOOL : \_\_\_\_\_

DATE OF HOLDING THE ELECTION: \_\_\_\_\_

Name of the Elected Class Representative & address	Class Particulars of the outstanding achievements in Sports/NSS/NCC Cultural activities (necessary Certificates to be attached	Whether belonging to SC/ST/OBC
--	---	--------------------------------------

---

---

---

---

---

---

---

---

---

---

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 the Institution

SEAL