

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 (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