# **Election to University Students' Union 2024-25**

# NOMINATION FORM

(Please read the election notification carefully before filling up this Nomination form. Furnish correct and full information. It is the responsibility of the proposer, seconder and the candidate to submit the nomination paper, complete in every respect, to the Returning Officer within the time limit)

## Name of the Academic Programme/Department :

#### Part I: Nomination of the candidate

I do hereby nominate the following person as a candidate for the election of representative to the above mentioned Academic Programme/Department of the University Students Union.

1.	Name & Admission No. of the candidate	:
2.	Electoral Roll Sl.No	:
3.	Course & Faculty	:
4.	Department	:
5.	Sex	-
6.	Age and Date of Birth	;

Signature of the Proposer	
Name of the Proposer	
Electoral Roll No. of the Proposer	
Course/Department of the Proposer	

.. .. ..

#### Date :

### Part II : Seconding the Candidature

#### I do here by second the nomination of the above candidate.

Signature of the Seconder	:
Name & Admission No. of the Seconder	:
Electoral Roll No. of the Seconder	:
Course/Department of the Seconder	:

#### Date :

## Part III : Consent and Declaration of the Candidate

I. I,...... (Name of the candidate) agree to serve on the University Students Union, if selected.

II. I hereby declare that :

- (1) I am within the age limit prescribed in the election notification for contesting the election.
- (2) I am a full time regular student of the course.
- (3) I have no academic arrears as on date. I have passed all the examinations the results of which have been declared and have not absented from any of the examinations the results of which are to be declared.
- (4) I have attained the minimum percentage of attendance prescribed by the University for the Course of study or 75%, whichever is higher.
- (5) I have been/have not been subjected to disciplinary proceedings by the University. (*Strike off whichever is not applicable. If subjected to disciplinary proceedings, give full details of the case*)

- (6) I am contesting for post of office bearer for the ..... time /for the post of Executive Committee Member for the..... time. (Strike off whichever is not applicable.)
- (7) I will follow the code of conduct for candidates.
- (8) I have no previous criminal records and/or convicted of any criminal offence or misdemeanor.

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Signature of the Candidate Name of the Candidate

Date :

# Part IV. Verification Report by the Dean/Head of the Department concerned

The declarations made by the candidate at Sl. Nos. II – 1, 2, 3, 4 and 5 above have been verified with the records and found correct/incorrect. (Strike off whichever is not applicable. Furnish details if any of the statements is incorrect.)

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Signature of the Dean/HoD :

Name of the Dean/HoD

Name of the Faculty

Date :

(Office Seal)

#### Decisions of the Returning Officer.