



NOMINATION FORM

PART-I

1. Name of the Post Contesting:
2. Full Name of the Contestant:
 - (a) ID No. Department:
 - (b) Age with Date of Birth:
 - (c) Particulars of Fees paid
 - (d) Address with Cell No.
3. Proposed By: Department:
 - (a) ID No. :

Signature:

PART-II

I, agree to my nomination to contest for the post
ofand hereby declare.

- a) That I am an employee of MANUU and member of MEWA.
- b) That the code of conduct prescribed by the Election Committee has been read by me/read over to me and I will abide by it.
- c) That to the best of my knowledge and belief, I am qualified to fill the position.

(.....)
Signature of the Candidate