



No.

# Sarojini Naidu College for Women

SAROJINI NAIDU COLLEGE FOR WOMEN STUDENTS' UNION  
ELECTION FOR CLASS REPRESENTATIVES-2017  
NOMINATION FORM

A.1.....  
(NAME OF THE CANDIDATE)

A.2.....  
(FULL SIGNATURE OF THE CANDIDATE)

A.3 DEPARTMENT..... A.4 COURSE.....

A.5 YEAR.....A.6 SECTION.....A.7 ROLL & NO.....

A.8 PRESENT ADDRESS .....

A.7 PHONE NUMBER .....

B.1 ..... C.1 .....  
(NAME OF THE PROPOSER) (NAME OF THE SECONDER)

B.2 ..... C.2 .....  
(FULL SIGNATURE OF THE PROPOSER) (FULL SIGNATURE OF THE SECONDER)

B.3 ..... C.3 .....  
(ROLL & NO. OF THE PROPOSER) (ROLL & NO. OF THE SECONDER)

D.1 DATE OF FILING OF NOMINATION.....

E.1 STATUS OF NOMINATION : VALID/INVALID. (TO BE MARKED BY THE ELECTION OFFICER)

F.1 SIGNATURE OF ELECTION OFFICER/SCRUTINEER .....

NOTE: 1. FILL THE FORM CAREFULLY. ANY OVERWRITING OR ILLEGIBILITY MAY RENDER THE FORM TO BE TREATED AS CANCELLED.

2. PLEASE MENTION 'NA' IN FIELDS NOT APPLICABLE.