

ELECTION NOMINATION FORM FOR THE ANNUAL ELECTION 2015
Manipur Students' Association Delhi

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Form I (To be filled by the candidate)

Candidate contesting election for the Post of:

Name (in block letter):

Surname:

Course:Year Identity Card Number.....

College/ Institution/ University:

Date of Admission:

Present Address:

.....

Contact Number: E-mail Address:

Father / mother's Name:Contact Number:

Address:

Attach a photo here

Academic Record

Exams Passed	Institution/ Board/ University	Year of Passing

Other Activities/ Experience:

1.

2.

3.

Name of Proposer:..... Name of the Seconder:.....

List of documents enclosed:

UNDERTAKING

I, Mr/ Miss hereby declared that the information above given by me is true. I have read both the Election Rules and Regulations and the Constitution of MSAD thoroughly and that I promise to defend the integrity of MSAD and its aims and objectives.

Date:

Signature

Specimen Signature.

(Thumb impression in front of the Election Committee)

Sd/-

MSAD
Election Committee

Form II (To be filled by the proposer)

Proposing Mr. / Miss

To contest election for the Post of:

Attach a photo here

PROPOSER'S DETAIL:

Name:

Surname:

Course:Year Identity Card Number.....

College/ Institution/ University:

Date of Admission:

Present Address:

.....

Contact Number: E-mail Address:

Father / mother's Name:Contact Number:

Address:

Relation with the Candidate:

Academic Record

Exams Passed	Institution/ Board/ University	Year of Passing

UNDERTAKING

I, Mr/ Miss hereby declared that the information given by me is true. I have known the candidate for the last years/ months/ days. I believe that he/ she bears good character and is suitable for the post he/ she is willing to contest. I shall be held morally responsible for his/her overall conduct towards fulfilling the aims and objectives of MSAD. I shall never have any objection to MSAD when being summoned on any organizational issue related to him/her.

Date:

Signature

Specimen Signature.

(Thumb impression in front of the Election Committee)

Signature of MSAD Election Committee

Signature of the Candidate

Form III (To be filled by the Secunder)

Seconding the proposal for Mr/ Miss

To contest election for the post of:

Attach a photo here

SECONDER'S DETAIL:

Name:

Surname:

Course: Year Identity Card Number.....

College/ Institution/ University:

Date of Admission:

Present Address:

Contact Number: E-mail Address:

Father / mother's Name: Contact Number:

Address:

Relation with the Candidate:

Academic Record

Exams Passed	Institution/ Board/ University	Year of Passing

UNDERTAKING

I, Mr/ Miss hereby declared that the information given by me is true. I have known the candidate for the last years/ months/ days. I believe that he/ she bears good character and is suitable for the post he/ she is willing to contest. I shall be held morally responsible for his/her overall conduct towards fulfilling the aims and objectives of MSAD. I shall never have any objection to MSAD when being summoned on any organizational issue related to him/her.

Date:

Signature

Specimen Signature.

(Thumb impression in front of the Election Committee)

Signature of MSAD Election Committee

Signature of the Candidate