

NOMINATION FORM

Elections for the Managing/Executive Committee of the Residents' Welfare Association.

Block year-----

Contesting for the post of :-----

Name of the candidate: Shri/Smt.Miss.-----

Date of superannuation-----

Official designation/Office Address-----

With telephone No. -----

Residential Address -----

With telephone No. -----

Voter No.(as given in the voters list)-----

<i>Name</i>	<i>Residential</i>	<i>Voter No.</i>	<i>Signature</i>
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Proposed by

Seconded by

I accept the proposal for nomination for the above post in the
Managing/Executive Committee.

Date-----

Signature of the Candidate

VERIFICATION

The particulars given by Shri/Smt. _____
with reference to date of superannuation and official address are correct.

Signature
Under Secretary(Admn.),
Ministry/
Department of

The above nomination has been examined and found valid/invalid.

Dated----- Signature of Returning Officer-----
 Received a Nomination form for the post of ----- in the name
 of Shri/Smt.Miss.-----
 Dated----- Signature of Returning Officer-----
 Time-----

RECEIPT

Received a Nomination form for the post of ----- in the
 name of Shri/Smt.Miss.-----

Signature of Returning Officer

Dated-----Time-----