

GUJARAT UNIVERSITY

**Nomination form for the election of Students' representative on the
Board for Student Welfare, under Statute 6(XII) of Schedule II of the
Gujarat University (Amendment) Act, 1972
(Gujarat Act No. 6 of 1973)**

Please affix pass-
port-size photograph
duly signed by Princi-
pal of the college or
Director of Uni. School
or head or recognised
Institution.

- (1) 1. (a) Name (in full) of the Candidate
beginning with Surname (in
block letters) and serial no. in
electoral list.
- (b) Permanent Home address and
Telephone number
- (c) Candidate's sex
- (d) Age and birth date of the candi- *Age (in Years)* *Birth Date*
date (in figures and words) In figures :
Enclose copy of School leaving In words :
certificate/Transfer Certificate
(To be verified by the Principal
with original)
2. Name of College/Institution/University
Department of the candidate
3. Date and year of passing the S.S.C.
or its equivalent examination passed by
- (2) 1. Name (in full) of the Proposer of the
candidate beginning with Surname (**in**
block letters) and serial no. in elect-
oral list.
2. Name of the College / Institution /
University Department in which the
Proposer is enrolled during the current
academic year.
3. Signature of the **Proposer**
- (3) 1. Name (in full) of the Secunder of the
candidate beginning with Surname
(**in block letters**) and serial no. in
electoral list.
2. Name of the College/Institution/Uni-
versity Department in which the
secunder is enrolled during the current
academic year.
3. Signature of the **Secunder**

N.B.-(1) Both the **Proposer** and **Secunder** of the candidate should have been enrolled as voters in the Electoral Roll concerned.

(2) The age of the candidate must be below 25 years for under graduates and 28 years for Post-Graduate

[P.T.O.]

Declaration by the Candidate

1. I have read O. 51-A framed by the University. I have passed my H.S.C. or its equivalent examination in the (month) of 20 (year) and I have joined the above College/ University department/Institution and I am studying in class.
2. I am a member of the Students Union of my College / Institution and have been enrolled as voter in the electoral roll concerned. My age is within the prescribed limit as stated in circular No..... Dated by the University. I also agree that violation of this limit shall automatically cancelled my nomination and election.
3. I consent to my nomination.

Place :

.....

Signature of the Candidate

Date : - -20 .

**Certificate from the Principal / Head of the Institution / Director of the
University Department**

I, hereby, certify that the above named candidate has joined my College / Institution / University Department on or before.....and that the candidate has passed the examination as mentioned in this nomination form.

I have personally verified the information mentioned in the nomination form and other details and they are correct.

Date : - 20 .

.....
*Seal of the College / Institution /
University Department*

.....
*Signature of the Principal /
Head of the Institution /
Director of University Department*