

LUVAS ALUMNI ASSOCIATION ELECTION 2019

Nomination Form

- i) Name of the office/post : _____
- ii) Name of the contesting candidate: _____
- iii) Designation : _____
- iv) Department/Institute : _____

Certified that I am an enrolled and eligible member of LUVAS Alumni Association, Hisar. I want to contest the election for the above mentioned office and will abide by the decisions of the Returning Officer for LUVAS Alumni Association Election 2019. My name stands at Sr. No. _____ of the Life member list of LUVAS Alumni Association 2019.

Dated: _____

Signature of the candidate

Proposed by:

- i) Name & Designation of the member : _____
- ii) Address: _____
- iii) Life Membership no: _____

Signature with date

Seconded by:

- i) Name & Designation of the member : _____
- ii) Address: _____
- iii) Life Membership no : _____

Signature with date