

Annexure-'B'

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)

Name	Residential Address	Voter No.	Signature
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. _____
Officer _____ Time _____ Dated _____ Signature of Returning

RECEIPT

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

Signature of Returning Officer

Dated _____ Time _____