

Form I (To be filled by the Candidate)

Contesting Election for the Post of:

Attach a photo here

Name (in block letter):

Surname:

Course: Year Identity Card Number.....

College/ Institution/ University:

Date of Admission:

Present Address:

.....

Contact Number: E-mail Address:

Father's Name: Contact Number:

Address:

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 shall 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'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 above given by me is true. I know the candidate for the last years/ months/ days and strongly affirm that he/ she bears good character and is suitable for the post he/ she contests election. I shall cooperate with him if he/ she is elected. I shall be held moral responsibility for his/her overall conduct towards fulfilling the aims and objectives of MSAD and shall never have any objective when summoned by the Association on any charges against 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 of Mr/ Miss

Who proposed Miss/ Mr.

Contesting 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'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 above given by me is true. I know the candidate for the last years/ months/ days and strongly affirm that he/ she bears good character and is suitable for the post he/ she contests election. I shall cooperate with him if he/ she is elected. I shall be held moral responsibility for his/her overall conduct towards fulfilling the aims and objectives of MSAD and shall never have any objective when summoned by the Association on any charges against him/her.

Date:

Signature

Specimen Signature.

(Thumb impression in front of the Election Committee)

Signature of MSAD Election Committee

Signature of the Candidate