

CALCUTTA UNIVERSITY STUDENTS' UNION ELECTION FOR CLASS REPRESENTATIVES-2017 NOMINATION FORM

{PLEASE PUT (✓) MARK AGAINST APPROPRIATE CAMPUS}

1 .COLLEGE STREET (DAY)	
2. COLLEGE STREET (EVENING)	
3. RAJABAZAR	
4. BALLYGUNGE	
5. LAW	
6. ALIPUR	
7. ANY OTHER CAMPUS (PLEASE SPEC	CIFY)
A .1	
(NAME OF	THE CANDIDATE)
A.2	
(FULL SIGNATUR	E OF THE CANDIDATE)
A.3 DEPARTMENT	A.4 COURSE
A E VEAD A 6 SECTION A	7 ROLL & NO
A.5 TEARA.0 SECTIONA.	7 NOLL & NO
A.6 PRESENT ADDRESS	
A.7 PHONE NUMBER	
B.1	C.1
(NAME OF THE PROPOSER)	(NAME OF THE SECONDER)
B.2	C.2
(FULL SIGNATURE OF THE PROPOSER)	(FULL SIGNATURE OF THE SECONDER)
B.3	C.3
(ROLL & NO. OF THE PROPOSER)	(ROLL & NO. OF THE SECONDER)
D.1 DATE OF FILING OF NOMINATION	
E.1 STATUS OF NOMINATION : VALID/INVALID.	(TO BE MARKED BY THE ELECTION OFFICER)
F.1 SIGNATURE OF ELECTION OFFICER/SCRUTINI	EER
NOTE: 1. FILL THE FORM CAREFULLY. ANY OVER	WRITING OR ILLEGIBILITY MAY RENDER THE FORM

TO BE TREATED AS CANCELLED.

2. PLEASE MENTION 'NA" IN FIELDS NOT APPLICABLE.