**NOMINATION FORM – 2016**

Photo of Candidate

(PLEASE READ INSTRUCTIONS & FILL-UP THE FORM IN BLOCK LETTERS)

Name of the Office for which the Candidate is Nominated ………………………………………………….

**Name of the Candidate** (in full)…………………………………………………………………………….

Candidate's Address …………………………………………………………………….

…………………………………………………………………………………………………………………..

District……………………………………... State……………………………………… PIN………………..

IAP Membership No. of the Candidate ........................................... Member since ……………………

UPIAP Membership No. of the Candidate ........................................... Member since ……………………

Telephones (STD Code ……………) (Office) ………………………… (Residence) ………………………..

Mobile …………………………………………………… Email ………………………………………..

Offices held by the candidate in Center/ State/ City & Year(s) …………………………………………………

Photo of Proposer

**Name of the Proposer** (in full) ……………………………………………………………………

Proposer's Address ……………………………………………………………………………………..

IAP Membership No. of the Proposer………………………………………................................

UPIAP Membership No. of the Proposer………………………………………................................

Telephones (STD Code ……………) (Office) ………………………… (Residence) ………………………..

Mobile …………………………………………………… Email ………………………………………..

Proposer‘s Signature & Date ………………………….…………………………………………

**Name of the Seconder (in Full)** …………………………………………………………………

Photo of Seconder

Seconder's Address ………………………………………………….....................................

Membership No. of the Seconder ……………………………………….................................

UPIAP Membership No. of the Seconder………………………………………................................

Telephones (STD Code ……………) (Office) ………………………… (Residence) ………………………..

Mobile ………………………………………… Email ………………………………………..

Seconder's Signature & Date ………………………………………………….......…………….

**DECLARATION BY THE CANDIDATE**

“I hereby declare that I consent for nomination for the post as mentioned above. All information provided by me is true and correct to best of my knowledge and belief. Nothing has been hidden deliberately. I shall abide by rule and regulations as per constitution of UP IAP.

Name of Candidate: Signature:

Place:

 Date:

**INSTRUCTIONS**

1. Please make sure about eligibility for the applied post and eligibility/validity of proposer and seconder.
2. A member shall be ineligible for contesting more than one post finally after withdrawing from other posts for which nominations have been filed, if any.
3. Fill complete form in **Capital Letters**. Incomplete & inaccurate forms will be rejected.
4. Read carefully all the details given in election notice before filling the form.
5. Make sure all particulars given are true, correct.

**CHECK LIST OF ENCLOSURES**

1. Completely filled Nomination Form
2. Passport size photograph of the candidate signed on the reverse
3. Self-Attested copy of the ID proof.
4. Demand Draft payable to
5. Proposer ID Proof & Passport size Photograph (self attested)
6. Seconder ID Proof & Passport size Photograph (self attested)

**Last date and time for application-**

The complete nomination form should reach on or before ….. PM on …… at :

**Office of the Election Commission of UP IAP**