

UNIVERSITY OF THE PUNJAB

FORM OF NOMINATION

FOR THE ELECTION OF ONE MEMBER (ASSOCIATE PROFESSOR) OF SYNDICATE

PARTICULARS OF NOMINEE	ADDRESS AND PHONE NUMBER OF NOMINEE	REMARK OF THE RETURNING OFFICER
Name: _____	Home Address: _____	
Qualification: _____	_____	
Office Address: _____	Mobile Phone: _____	
_____	Land Line Off: _____	
_____	Res: _____	

The candidate nominated shall sign his/her Nomination Form as a token of his/her consent to stand for the Election.

Signature of the Candidate _____

Serial Number in the Electoral Roll _____

Dated: _____/2020

Note: A separate form should be used for each nominated candidate.

Proposer's Signature _____

Name _____

Serial No. in the Electoral Roll _____

Seconder's Signature _____

Name _____

Serial No. in the Electoral Roll _____