

UNIVERSITY OF THE PUNJAB
NOMINATION FORM
ELECTION OF MEMBERS OF ACADEMIC COUNCIL

General Category

Female Category

For each category please use separate form

Tick in the appropriate box

Associate Professor

Assistant Professor

Lecturer

Particulars of Nominee	Address and Phone Number of Nominee	Remark of the Returning Officer
<p>Name: _____</p> <p>Designation: _____</p> <p>Department: _____</p> <p>Qualification: _____</p>	<p>Address: _____</p> <p>_____</p> <p>Mobile Phone No. _____</p> <p>Email: _____</p>	

The candidate nominated shall sign his nomination form as a token of his consent to stand for election.

Signature of the Nominee (Candidate) _____

Serial Number in the Electoral Roll _____

Proposer's Signature _____

Name _____

Serial No. in the Electoral Roll _____

Secunder's Signature _____

Name _____

Serial No. in the Electoral Roll _____

Dated: _____/2023

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