

UNIVERSITY OF THE PUNJAB
NOMINATION FORM
ELECTION OF MEMBERS OF SENATE

General Category

Female Category

*For each category please
use separate form*

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

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.*