

NATIONAL INSTITUTE OF TECHNOLOGY : TIRUCHIRAPPALLI – 620 015
ELECTION OF OFFICE BEARERS OF STUDENTS' ASSOCIATION FOR 2015 – 2016

NOMINATION FORM

Date:

NAME OF THE POST :

CANDIDATE'S NAME :

NAME OF THE PROPOSER :

NAME OF THE SECONDER :

I propose Mr. _____ for the post of
..... Students' Association, N.I.T., Tiruchirappalli – 15
for the year 2014 – 2015, Photocopy of my Identity Card is submitted herewith.

Signature :

Name :
(Block Letters)

Roll No. / Branch :

I second, the proposal of Mr. _____ for the post of
..... Students' Association, N.I.T., Tiruchirappalli – 15
for the year 2014 – 2015, Photocopy of my Identity Card is submitted herewith.

Signature :

Name :
(Block Letters)

Roll No. / Branch :

I hereby agree to be a candidate for the said post and declare that if I am elected, shall always uphold the dignity of the office in discharging my responsibilities. I certify that I have no addictions whatsoever and if needed, I will undergo narcotic test for substance abuse.

Signature of the
Candidate :

Name :
(Block Letters)

Roll No. / Branch :

Mobile: