NO OBJECTION CERTIFICATE

(*To be attached with the nomination form*)

Position applied for: _____   **Date:** _____

(To be filled by the candidate in capital letters)

Name of the Candidate	
Roll. No	
Course (*Please Tick*)	**B.Tech/ B.Arch./ M.Tech/ M.Arch./ M.Sc./ MCA/ MBA/ M.S/ Ph.D.**
Department	
Specialization	
Year and Semester	
CGPA	
Room No. & Hostel	
Contact No.	

(Affix passport size photo)

Name & Signature of the candidate with Date

Consent form:

Admin	Permitted to Contest (Yes / No)	Signature	Remarks (if any)
Head of the Department			
Hostel Warden			
Hostel Convener			
Associate Dean (Academic, UG / PG / PhD)			
Associate Dean (OPAL) [for girls]			
Associate Dean (SW) [for boys]			

Note: Consent from Hostel Warden, Hostel Convener, HOD, AD (Academics) and AD (OPAL), AD(SW) should be obtained by the candidate.

Certificate from the Faculty Advisor – 1 (Class Committee Chairman*): *(Mandatory for all, except PG and PhD secretaries)*

This is to certify that Mr. / Miss. _____ bearing roll number _____ from the department of _____ has managed the department / institute level event _____ (*mention the event name*) during the academic year _____ in the capacity of _____ (*position held*) which has recorded a 750 + footfall.

Name of the faculty advisor:

(Or) CC Chairman: Signature with date and seal

Department and Designation:

* CC chairman for the post of Joint Secretaries ONLY.

Certificate from the Faculty Advisor – 2: *(Mandatory for President and Vice-President, Optional for GS, AGS, JS and AJS)*

This is to certify that Mr. / Miss. _____ bearing roll number _____ from the department of _____ has managed the department / institute level event _____ (*mention the event name*) during the academic year _____ in the capacity of _____ (*position held*) which has recorded a 750 + footfall.

Name of the faculty advisor:

Department and Designation: Signature with date and seal

(For Office Use)

Returning Officer's Remark: Accept / Reject

Reason for Rejection:

Signature of the returning Officer with Date:

Name and Designation of the Returning Officer:

Election for the office bearers of Students' Council for Academic Year 2024 – 2025

NOMINATION FORM

Date: _____

POST APPLIED	:	
NAME OF THE CANDIDATE	:	
NAME OF THE PROPOSER	:	
NAME OF THE SECONDER	:	

I propose Mr. / Ms. _____ for the post of _____ Students' Council, N.I.T., Tiruchirappalli for the academic year 2023-2024. Photocopy of my Identity Card is submitted herewith.

Signature with Date	:	
Name (Block Letters)	:	
Roll no. and Branch	:	
Mobile / WhatsApp No.	:	

I second the proposal of Mr. / Ms._____ for the post of

_____ Students' Council, N.I.T., Tiruchirappalli for the academic year 2023-2024. Photocopy of my Identity Card is submitted herewith.

Signature with Date	:	
Name (Block Letters)	:	
Roll no. and Branch	:	
Mobile / WhatsApp No.	:	

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 with Date	:	
Name (Block Letters)	:	
Roll no. and Branch	:	
Mobile / WhatsApp No.	:	