NOMINATION FORM

(Please use **Block letters** to fill in the details)

Nomination for Election of Representatives of Teachers of Affiliated Colleges to the Academic Council of North-Eastern Hill University

Elections – 2024

I, the undersigned, propose the name of Dr/Shri/Smt \dots	, Associate/		
Assistant Professor in the Department of	College as		
one of the Members in the Academic Council of NEHU to represent the Teachers of its Affiliated			
Colleges.			
Date:			
Elector Serial Full name			
Signature			
Name of the Department and College			
I, the undersigned, second the above proposal.			
Elector Serial Full name			
Date: Signature			
Name of the Department and College			
I accept the above nomination.			
raccept the above normination.			
Elector Serial Full name			
Date: Signature			
Name of the Department and College			
Forwarded by:			
•			
Seal & Signature of the Principal			
of the Nominee's College			
NB: The Nominee, the Proposer & the Seconder must having a valid 'Elector Serial' as approved and released			
For Use of the Election	Committee:		
Received the Nomination Paper at (time)	Submitted the nomination at (time)		
Signature with Date	Signature with date		
Chairperson, Election Committee	Candidate/Representative		

Certified that the above nomination paper has duly been scrutinized and the same has been found valid/ invalid.

Chairperson	Member	Member
Election Committee	Election Committee	Election Committee
Date	Date	Date