

ALLIANCE ORCHID SPRINGS FLAT OWNERS ASSOCIATION
NOMINATION FORM FOR ELECTION OF OFFICE BEARERS

1 Name of the Candidate:

2. Father's or Husband's name

3 Address: Block Name: Flat No:

4. Post for which contesting: (Tick any one of the posts for which you contest)

- PRESIDENT
- VICE PRESIDENT
- GENERAL SECRETARY
- JOINT SECRETARY
- TREASURER
- EC MEMBER

5. Proposed by (owner/co-owner)

Name:

Block Name: Flat No:

Signature:

6. Seconded by

(owner/co-owner)

Name:

Block Name: Flat No:

Signature:

CANDIDATE'S DECLARATION

I declare that I am willing to stand for election the post of: *

(Mention the name of the post) and that the information provided by me are correct to the best of my knowledge.

Date: (Signature of the candidate)

ENDORSEMENT BY THE ELECTION OFFICER.

The nomination paper was presented to me in person by _____/received by E mail on _____ at _____ hrs.

Place _____

Date _____

Signature of Election Officer Or person authorized by

him

Last date for submission of Nomination form: 5 pm 21.10.2022

Last date for withdrawal of Nomination form: 5 pm 22.10.2022

Date of scrutinizing Nominations : 22.10.2022