

College Council 2023-24
KMCT College of Engineering, Kozhikode
(Refer to:- Chapter V, Statute 5, Sub-statute I of APJKTU Statute 2020)

NOMINATION FORM

(Please read the election notification carefully before filling up the nomination form. Furnish only correct and full information. It is the responsibility of the candidate, proposer and the person seconding to submit the nomination form, complete in every respect, to the Returning Officer within the time limit.)

Name of the Post:

Part I: Nomination of the Candidate

I hereby propose the candidature for the post mentioned above.

1. Name of the Candidate :
2. KTU ID :
3. Department :
4. Designation :
5. Sex :
6. Age & Date of Birth :

.....
Signature of the Proposer

.....
Name of the Proposer

KTU ID:

Designation

Department:

Date:

Part II: Seconding the Candidature

I hereby second the candidature of
for the post mentioned above.

(Name of the candidate)

.....
Signature of the Seconder

.....
Name of the Seconder

KTU ID:

Designation:

Department:

Date:

Part III: Consent and Declarations the Candidate

A. I,, (Name of the candidate), agree to serve in the executive committee of the college council, if elected.

B. I hereby declare that ,

1. My name exists in the electoral roll.
2. I am a regular student of the college.
3. I have not been subjected to any disciplinary actions by the APJAKTU.
4. I have no criminal cases pending against me.
5. I have not been tried and /or convicted of any criminal offense or misdemeanor.

C. I understand that the information given in B above is true and correct to the best of my knowledge and that I will be disqualified from being a candidate and/or member of the college council (if elected), if the information in B is found incorrect at any stage.

Signature of the Candidate:

Date:

Name of the Candidate:

Part IV- Verification Report by the concerned Head of the Department

The declarations made by the candidate at Serial Nos. Part III (B) – 1 and 2 have been verified with the records and are found to be correct / incorrect. *(Strike off which is not applicable. Furnish the details if any of the details are incorrect.)*

Verified by:

Signature of
the HOD:

Date:

Name of the
HOD:

Decisions of the Returning Officer:

Office Seal