

# **UNIVERSITY OF KERALA**

## **Election to the Kerala University Research Students Union 2023-2024**

**Election to .....**  
(HERE MENTION THE VACANCY TO WHICH ELECTION IS BEING CONDUCTED)

### **NOMINATION PAPER**

Name of the Candidate :

Institution in which working :

Number of the Candidate in  
the electoral roll :

#### **Consent of the Candidate**

I, agree, if elected, to serve on the body to which I am proposed as a candidate.

Date:

**Signature of the Candidate**

\*Signature of the Attesting Authority  
Name and address of the Attesting Authority

(Office seal)

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Name of the Proposer :

Institution in which working :

Number of the Proposer  
in the electoral roll :

Date:

**Signature of the Proposer**

\*Signature of the Attesting Authority  
Name and address of the Attesting Authority

(Office seal)

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Name of the Seconder :

Institution in which working :

Number of the Seconder  
in the electoral roll :

Date:

**Signature of the Seconder**

\*Signature of the Attesting Authority  
Name and address of the Attesting Authority

(Office seal)

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- To be attested by the Professor & Head of the University Department/ Principal of the College/Head of the Institution where the Candidate/ Proposer/Seconder is doing research.
- All fields are mandatory.

**Affidavit***( to be filled by the candidate)*

I, ....., contesting for the post of ..... in the Kerala University Research Students Union 2023-2024, held in accordance with the Lyngdoh Committee Report for the conduct of Students Union elections in Colleges/Universities. I declare that,

1. I am a regular full time research student of the University.
2. I have not attained the maximum age limit as per Lyngdoh committee recommendation.
3. I am contesting for the first time for the post of an office bearer, during the current academic course.
4. I neither have a previous criminal record, nor tried/convicted for any criminal offence or misdemeanor and not have been subject to any disciplinary action by the University authorities.

Name	
Age & Date of Birth	
Course	
Subject	
Number in the electoral roll	
Signature	
Date	

**DECLARATION**

*(By the Head of the University Department/Principal of the College/Head of the Institution were the candidate is doing Research)*

**I hereby certify that, to the best of my knowledge, the provided information is true and accurate, and I shall be personally responsible for the accuracy of this declaration.**

Signature of the Attesting Authority	
Name and address of Attesting Authority	

(Office Seal)

*Note :* 1. Submission of false declaration may lead to lapse of candidature.  
2. To be attested by the Head of the University Department/Principal of the College/Head of the Institution were the candidate is doing Research.

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