UNIVERSITY OF KERALA

Election to the Kerala University Research Students Union 2024-25

NOMINATION PAPER

:

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:

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)

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)

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)

• 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.

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• All fields are mandatory.

Affidavit

(to be filled by the candidate)

I,, contesting for the post of in the Kerala University Research Students Union 2024-25, 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, ie. 30 years, as per Lyngdoh committee recommendation and orders of the Hon'ble Supreme Court of India.
- 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.