

# VAISH MAHAVIDYALAYA TRUST, BHIWANI

Nomination form for the Post of \_\_\_\_\_

Name of Candidate: \_\_\_\_\_ Father / Mother Name: \_\_\_\_\_

Sr. no in Voter List \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Category: \_\_\_\_\_ Mobile No. \_\_\_\_\_ (M)

Alternate Contact No. \_\_\_\_\_ Email id \_\_\_\_\_ @ \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
**Proposed by :** (Signature of Candidate)

Name \_\_\_\_\_ Father Name \_\_\_\_\_

Sr.No. in Voter List \_\_\_\_\_ Contact No. \_\_\_\_\_

\_\_\_\_\_  
**Second by :** (Signature)

Name \_\_\_\_\_ Father Name \_\_\_\_\_

Sr.No. in Voter List \_\_\_\_\_ Contact No. \_\_\_\_\_

\_\_\_\_\_  
(Signature)

## Scrutiny Report

It is certified that after verification of documents and the information filled in nomination form filled by the candidate have been found correct/incorrect.

Reason: (if found ineligible) \_\_\_\_\_

Signature of Returning Official