FORMAT FOR WITHDRAWAL OF CONSENT (NOMINATION) FORM	
Name) student of Class	n/Daughter of
of School of Studies	
Now, I want to withdraw my conserve representative.	nt (nomination) form for the post of elective
Date:	
Time:	Signature and Name of the Candidate
	ATE BY THE HEAD
School of Studies	Head of the Department of under the, hereby, certify that the above candidate e) has applied for the withdrawal in person and
signed before me.	
Date:	Signature and Seal of the Head
Time:	Department of
FORWARDING BY THE	DEAN OF THE SCHOOL OF STUDIES
I,, Dean of t	the School of Studies of, hereby
forward the withdrawal application of the certified by the Head of the Department.	e above candidate (Name) duly
Date:	Signature and Seal of the Dean
Time:	SOS