FORMAT FOR WITHDRAWAL OF CONSENT (NOMINATION) FORM

Now, I want to withdraw my consent (nomination) form for the post of elective representative.

Date: -----

Time: -----

Signature and Name of the Candidate

CERTIFICATE BY THE HEAD

I, Head of the Department of under the School of Studies hereby, certify that the above candidate (Name) 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 the School of Studies of....., hereby forward the withdrawal application of the above candidate (Name) duly certified by the Head of the Department.

Date:	
Time:	

Signature and Seal of the Dean SOS