

Student Council Election Nomination Form

Position Applying For:

Name:

Class and roll no:

Email:

Phone Number:

Cumulative attendance till last semesters:

Have you ever been subject to disciplinary action (yes/No):

Why do you want to run for this position?

(Please provide a brief statement—100 words max)

What qualities or experiences make you a suitable candidate?

(Please provide a brief statement—100 words max)

Signature:

Date:

Instructions:

1. Please submit this form to councilelection@sscbs.du.ac.in not later than 9 p.m. ,15th September.
2. If you have any questions, feel free to reach out to

Dr Kumar Bijoy, Election Officer -9810452266

Ms. Kavita Rastogi, Returning Officer-9810510518

Good luck!