Assam University, Silchar ASSAM UNIVERSITY STUDENTS' UNION ELECTION 2024

FORM FOR WITHDRAWAL OF NOMINATION

I,					(Nan	ne	in	block	letter)	son/	daugh	nter	of
				(Fathe	er's/Moth	er's	Nam	e), stud	lent of				
(Name of	f the Course	e)	(Sem	ester)	of the				Dep	artmen	t in th	e Sch	ool
of			at Sl. No	D	in Page	no	of t	he Depa	artmental	elector	al ro	ll, file	d a
nominatio	on for the p	ost of						for A	USU Ele	ction-2	024 c	of Ass	am
Universit	y, Silchar.	Now,	I wish	to w	vithdraw	my	nom	ination	submitte	ed for	the	post	of
Date:													

Time:

(Signature and Name of the Candidate)

CERTIFICATE OF THE HEAD OF DEPARTMENT

I, Head of the Department of in the School of hereby certify that the aforementioned candidate (Name) has applied for the withdrawal of nomination in person and signed before me.

Date:

Time:

(Signature and Seal of the concerned HoD)