

DEENBANDHU CHHOTU RAM UNIVERSITY OF SCIENCE AND TECHNOLOGY

MURTHAL: 131 039 (SONIPAT)

STUDENTS' COUNCIL ELECTION: 2018

Objection Form for Class Representative

To

The Chairman/Returning Officer

Department of _____

R/Sir/Madam

I, _____ S/o Sh. _____ Roll No.: _____

Department _____ Programme _____

Year of Study _____ OBJECT to the Nomination of _____

Roll No.: _____ Department _____ Programme _____

_____ Year of Study _____ due to the following reason(s):

Sr. No.	Reason	Mark \checkmark	Remarks
1	Age		
2	Academic Arrear/Reappear		
3	Disciplinary Action/Conviction in any Criminal Offence		
4	Unfair Means Case (UMC)		
5	Any other (please specify)		

Yours faithfully

Signature:

Name:

Mobile No.:

Email ID:

FOR OFFICE USE ONLY

On consideration of the Objection and verification from the records, the Objection is found VALID/INVALID and hence Nomination is **Allowed/Cancelled**.

Chairman/Returning Officer - Signature

Office Seal

Date