

NOMINATION FORM

I hereby propose the candidature of
Shri/Smt
Of.....
(Name of Association)

For the post of

SEAL OF THE
ASSOCIATION

Signature :
Name :
Name of OA:

I hereby second the candidature of
Shri/Smt.
of
(Name of Association)

for the post of
.....

It is certified that we have paid all subscriptions due up to calendar year 2017
towards NCOA national committee.

SEAL OF THE
ASSOCIATION

Signature :
Name :
Name of OA:

(Shall be certified by President, Secretary or Treasurer of concerned OA)

I Shri/Smt.
of
do hereby consent to the above proposed candidature.

Signature:
Name :
Name of Association:

NCOA TRINENNIAL ELECTIONS 2018-2020

AUTHORISATION FORM

**This is to certify that the Executive Committee of the _____
at its meeting held on _____ authorized Shri _____
S/o Shri _____ whose signature is appended below to
exercise franchise on behalf of our Association.**

**This is to further certify that our association has paid NCOA subscription
against _____ paying members and accordingly we are entitled to
one vote per paying member.**

**This is also to certify that we have paid all subscriptions due up to calendar year
2017 and no amount is outstanding.**

Signature of Secretary/ President of the Association.

Signature of the authorized person.

