



Uttar Pradesh University of Medical Sciences, Saifai, Etawah



Nomination Form – Student Council

- 1) Name of the Student
- 2) Contact No.
- 3) E mail ID
- 4) Father's Name
- 5) Present Address
- 6) Permanent Address
- 7) Year of admission
- 8) Name of the Program
- 9) Name of the Faculty
- 10) Date of Birth / /
- 11) Gender
- 12) Present Class
- 13) Post applied for (Tick any one only)

- President
- Vice-President
- Secretary
- Joint Secretary
- Cultural Secretary
- Editor
- Class Representative

14) Previous Year attendance (Percentage)

15) Status of supplementary in any exam/ subject Yes No

16) Any disciplinary action by the University authorities against you Yes No

17) Any previous criminal record Yes No

18) Positions Held in Extra-Curricular Activities: (if applicable)

SN	Name of the Event	Your Role	Achievement	Remark

19) Describe about yourself (max 200 words)

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20) Your manifesto for the applied post (max 500 words)

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Undertaking: I hereby declare that the information provided in this form is true, complete, and accurate to the best of my knowledge and belief. I understand that any false or misleading information provided may result in the rejection of my application or other appropriate action.

Signature:.....
Name:.....
Date: / /

Authorization (Chief Warden)

Authorization (DSW)

Authorization (Dean)

Signature:.....
Name:.....
Date: / /

Signature:.....
Name:.....
Date: / /

Signature:.....
Name:.....
Date: / /



Receipt : This is to certify that the nomination form of Mr/Ms..... for the post of..... (name of the program) Batch..... is submitted on (date)...../...../.....

(Signature of the Faculty of Coordinator)