NOMINATION FORM FOR ELECTION AS COUNCIL MEMBERS OF THE BOARD OF SISSTA FOR THE YEARS 2023-2024 AND 2024-2025-REG

(To be filled up by the candidate of his own hand writing)

1.	Name of the Association in which		[]
	the candidate seeks election	: SISSTA, Chennai	
2.	Name of the post in which the candidate to be contested *(condition of qualification, experience etc., certificates to be enclosed – see the note on reverse) – 2 Pass Port Size to be enclosed.	2	Affix one Passport Size colour photo*
3.	Name of the Zone	: Zone – A/ Zone – B/ Zone C	
		*(Put a tick mark whichever is	applicable)
	Representing Wing : Sugarcan	e / Engineering / Process / Dis	tillery & Management
4.	(i) Name of the Candidate	:	
	(ii) Sex	:	
	(iii) Membership Number	:	
5.	Father's / Husband's Name	:	
6.	Full Address of the Candidate	:	
7.	(i) Name of the Proposer	:	
	(ii) Membership Number	:	
8.	Signature of the Proposer	:	
9.	(i) Name of the Seconder	:	
	(ii) Membership Number	:	
10	. Signature of the Seconder	:	

Candidate's Declaration

I declare that I am willing to contest the election and that I do not attract any of the disqualifications specified in the By-Laws and I affirm that above mentioned facts are true and valid within my knowledge and belief.

Signature of the Candidate

* Important Note:

- a. Qualification criteria for the candidates such as membership, experiences etc., were laid down in the Amended By-Laws in case of Council Members position and such all proofs in original (for the service in that particular Zone) should be enclosed along with the nomination form and also those eligibility certificates should have been obtained from the competent authorities concerned, otherwise the nomination form may be subject to rejection.
- b. The Council Member for Zone 'A' shall be elected on the basis of 2 Council Members from Andhra Pradesh and 2 Council Members from Telangana and 4 Council Members will be elected from each Zone 'B' and 'C' as per By-Law.

ENDORSEMENT BY THE RETURNING OFFICER

The nomination was received by post at No. 29, Karpagambal Nagar, Mylapore, Chennai – 4, Tamil Nadu on ------(date) at------(hour) from Mr/Mrs. ------(name of the person sending the nomination) for the post of Council Member ------ Zone ------ wing of representative

Signature of the Returning Officer