

Received on	//
At	(Time)

NOMINATION WITHDRAWAL FORM

FOR THE ELECTION OF MANAGING COMMITTEE

(Period 2025-27)

(To be received by Returning Officer by 1400hr on 30 Oct 2025)

I the undersigned agree to and wishfully withdraw my nomination with immediate effect.

Name:(Please specify maiden name also	incase of married women)		
Membership No:			
Withdraw candidature for the post of:			
Current Address:			
Pin/Zip Code:(All correspondence will be mailed		Country:	
e-Mail Address :	ddress of the candidate. candidate from any other email	Telephone No:	
Proof of Photo Identity attached: (Please attach self attested copy of Alumni Association Card. In case the card has not been issued/collected, any other photo ID will be acceptable at the discretion of the Returning Officer)			
Date:/ Place:		(Signature of the Member)	

DECLARATION

- 1. I wishfully and under my own will withdraw my candidature for the above post.
- 2. I understand that my name shall be removed from the list of candidates and I shall not be eligible to stand for elections in the aforesaid term and shall not hold SJA Alumni Association or its members liable for the same.

The withdrawal of nomination should reach the Returning Officer/ Election Committee not later than <u>1400</u> Hours on October 30, 2025 at address given below:

Returning Officer, SJA Alumni Association C/o. St. Joseph's Academy 12, Rajpur Road, Dehradun – 248001 Uttrakhand - INDIA

email: returningofficer@sjaalumni.com

Note: Only forms correctly filled along with photo identity proof shall be accepted.