FORM-II

RAJASTHAN STATE BHARAT SCOUTS AND GUIDES

STATE ASSOCIATION

Election to the Office of VICE-PRESIDENT

NOMINATION PAPER

A. DETAILS OF THE PROPOSER	
Particulars	**Details to be Filled**
Name of the Proposer (in full)	
Member of the Electoral College of (Distt. Association)	
Sl. No. of the Electoral College	
Signature of the Proposer	
Date	
Address Proof of Proposer (Aadhaar / Voter ID / Driving Licence / Passport No.)	
Copy of Address Proof Attached	Yes / No

B. DETAILS OF THE CANDIDATE	
Particulars	**Details to be Filled**
Name of the Candidate (Mr./Ms.)	
Distt.	
Office for which Nominated	Vice-President, Rajasthan State Bharat Scouts and Guides (State Association)
Address Proof of Candidate (Aadhaar / Voter ID / Driving Licence / Passport No.)	
Copy of Address Proof Attached	Yes / No
State/ Distt./L.A. Level Position Held	
Period of Service (From - To)	
Supporting Document Attached (Warrant of Distt. Chief Commissioner / DC OR Certificate from State Secretary OR Distt. Secretary Or L.A. Secretary for State, Distt.,L.A. President/Vice-President)	Yes / No

C. DETAILS OF THE SECONDER	
Particulars	**Details to be Filled**
Name of the Seconder (in full)	
Member of the Electoral College of (Distt. Association)	
Sl. No. of the Electoral College	
Signature of the Seconder	

Date	
Address Proof of Seconder (Aadhaar / Voter ID / Driving Licence / Passport No.)	
Copy of Address Proof Attached	Yes / No

DECLARATION OF CANDIDATE (Election to the Office of Vice-President)	
Particulars	**Details to be Filled**
Name of the Candidate (in full)	
Place of Residence	
Office for which Contesting	Vice-President, Rajasthan State Bharat Scouts and Guides (State Association)
Willingness to Serve	I hereby declare that, being a resident of the above-mentioned, I am willing to serve in the office of the Vice-President and, if elected, I shall faithfully perform my duties and responsibilities in accordance with the Rules, Bye-laws, and Code of Conduct of the Organisation.
Eligibility Declaration	I hereby declare that I fulfill all the eligibility criteria for the office as prescribed under the Rules and Bye-laws of the State Association and as stated in the Election Notification, which I have read and understood, and I agree to abide by the same.
Verification of Information	I further certify that all information furnished above is true, correct, and complete to the best of my knowledge and belief. I understand that if any part of the information is found to be incorrect or false, my candidature shall be liable to cancellation.
Date	
Signature of the Candidate	
Name in Block Letters	