



ELECTION OF DISTRICT/CITY COMMITTEES FOR PERSONS WITH DISABILITIES, 2020
(Persons with Disabilities Act, 2019) [as amended]

NOMINATION PAPER

(FILL IN DUPLICATE)

(A) District/City: Code.....

Office Contested:

(B) PARTICULARS OF CANDIDATE:

1.	Candidate's Surname in full	
2.	Other Names	
3.	Sex	
4.	Date of Birth	
5.	Category of Disability	
6.	Address/Telephone No.	
7.	Occupation/ Profession	
8.	NIN	
9.	Voter Personal ID No.	
10.	Address for Service of process and papers	

We, the undersigned registered voters in the District/City of

.....
hereby propose the above mentioned person as a candidate for election to the

office of:

We certify that to the best of our knowledge and belief he/she is qualified to be elected as such.

(C) Particulars of Persons Making Nomination:

	Names	DISTRICT/CITY	Contact/Telephone No.	NIN/Voter Personal ID No.	Signature
Proposer					
Seconded					

(D) Sponsorship by Political Party/Organisation or Independent

I am sponsored for Nomination by *(State name of Political Party or Organization sponsoring, or Candidate if Independent)*
 whose address is *(state address of Political Party or Organization sponsoring, or Candidate if Independent)*

..... Candidate's Signature

Certified by Political Party/Organisation or Candidate if Independent:

Name of Certifying Officer: Designation:
 Signature : *(please authenticate with the Official Stamp)*

(E) DECLARATION BY CANDIDATE

I Solemnly swear in the name of the Almighty God/solemnly affirm that the information given is correct to the best of my knowledge and belief.
 Signature of Candidate Date:

(F) DECLARATION BY THE RETURNING OFFICER

I, being Returning Officer for District/City, pursuant to the Persons with Disabilities Act, 2019 (as amended), declare , duly nominated/not duly nominated as a candidate to contest for election.

Returning Officer: Name Signature Date and Time