



ELECTION OF MUNICIPALITY/CITY DIVISION COMMITTEES FOR PERSONS WITH DISABILITIES, 2020
(Persons with Disabilities Act, 2019)

NOMINATION PAPER

(FILL IN DUPLICATE)

(A) District: Code.....
Constituency: Code.....
Municipality/City Division: 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 Municipality/City Division 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	Municipality/City Division	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.

..... Date:

Signature of Candidate

(F) DECLARATION BY THE PRESIDING OFFICER

I, being Presiding Officer for Municipality/City Division, pursuant to

the Persons with Disabilities Act, 2019, declare , duly nominated/not duly nominated as a candidate to contest for election.

Presiding Officer: Name Signature Date and Time