

EASTERN UNIVERSITY, SRI LANKA  
ELECTION TO FACULTY STUDENTS' UNION  
NOMINATION FORM

We.....  
.....and  
(Full Name, Registration Number and Contact Number of Proposer)

.....  
.....  
(Full Name, Registration Number and Contact Number of Seconder)

Wish to nominate .....  
.....  
(Full Name, Registration Number and Contact Number of Candidate)

For election to the office of .....  
.....in the Faculty Students' Union of  
the Faculty of .....

Signature of Proposer .....

Signature of Seconder .....

I hereby consent to stand for election to the office of .....  
..... in the Faculty Students' Union of the Faculty of.....  
.....

Signature of Candidate .....

Date .....