

FORM 'F'

**FORM OF COMMUNICATION OF RESULT OF ELECTION OF UNIVERSITY FACULTY/
SCHOOL REPRESENTATIVE TO STUDENTS' COUNCIL**

(To be communicated WITHIN TWO DAYS from the date of election)

To

The Director,
Directorate of Students' Welfare
& Cultural Affairs,
Goa University,
Taleigao Plateau, Goa.

Sir,

This is to inform you that Shri/Miss _____

a bonafide student of this College/Class was elected to the Students' Council of the University at the election held on _____ by the Electoral College of this Institution.

Information in respect of his/her age, residential address etc. is given below:

NAME IN FULL : _____

(in capital letters) Surname Name Father's name/ middle Name

DATE OF BIRTH: _____ In Words): _____

RESIDENTIAL ADDRESS: _____

TELEPHONE No.: _____

I certify that the election to the Students' Council was held in accordance with the rules and procedures laid down in the Goa University Statutes, SA-23.

Specimen signature of the elected
candidate to be taken in the presence
of the Principal of the Institution.

Signature of the Head of the Institution

SEAL

