

FORM 'G'

FORM OF COMMUNICATION OF RESULT OF ELECTION OF UNIVERSITY CLASS REPRESENTATIVE

(To be communicated WITHIN TWO DAYS from the date of election of University Faculty/School Representative)

NAME OF THE INSTITUTION: _____

FACULTY/SCHOOL : _____

DATE OF HOLDING THE ELECTION: _____

Name of the Elected Class Representative & address	Class Particulars of the outstanding achievements in Sports/NSS/NCC Cultural activities (necessary Certificates to be attached	Whether belonging to SC/ST/OBC
--	---	--------------------------------------

I certify that the election of the University Class Representative was held in accordance with the rules and procedure laid down in Goa University Statutes, SA.23.

Date: _____

Signature of the Head of the Institution

SEAL