

# ALL INDIA NIC S&T OFFICER'S ASSOCIATION (Regd.)

Elections for the National/Central & State Executive Committee of AINOA Block year 2022-2024

## NOMINATION FORM

Name of the Central /~~State~~ Executive Committee AINOA 2022-2024

Contesting for the post of: MEMBER EXECUTIVE CEB

Name of the candidate: Shri/Smt./Miss. MRITYUNJAYA SINGH

Employee Code: 4377 Designation: SCIENTIST-F

Date of Birth: 01/01/1971 Date of superannuation: 31/12/2030

Office Address: Room No. 03, C WING, NIRMAN BHAWAN,  
MAULANA AZAD ROAD, NEW DELHI

Office Telephone No. with STD Code 011-23061246 Mobile No. 9315617790

Res. Telephone No.: 20815676 AINOA Membership No. 1968

Date: 05/12/2022

Signature: M Singh

Proposed by: Name of the Proposer: PRADEEP KUMAR GUPTA

Employee Code: 3029 Designation: Scientist-F

Place of posting/Office Address: NIRMAN BHAWAN, New DELHI

AINOA Membership No. 25 Mobile No. 9818818938

Date: 05/12/2022 Signature of the Proposer: Pradeep Kumar Gupta

Seconded by: Name of the Seconded-1: VINAY AGARWAL

Employee Code: 1460 Designation: Scientist-F

Place of posting/Office Address: NIRMAN BHAWAN, NEW DELHI

AINOA Membership No. 590 Mobile No. 8588870450

Date: 05/12/2022 Signature of the Seconded-1: Vinay Agarwal

Seconded by: Name of the Seconded-2: M. EZHIL ARASU


Employee Code: 2469 Designation: SCIENTIST-F

Place of posting/Office Address: NIRMAN BHAWAN, NEW DELHI

AINOA Membership No. 2357 Mobile No. 9968273012

Date: 05/12/2022 Signature of the Seconded-2: M. Ezhil Arasu

I accept the proposal for nomination for the above post in the Central/~~State~~ Executive Body of AINOA.

Date: 05 / 12 / 2022 Signature of the Contestant: 

### **VERIFICATION**

I herewith confirm that Shri / Smt. \_\_\_\_\_  
Emp Code: \_\_\_\_\_ is a member of AINOA and his membership fees is upto date.

Signature: \_\_\_\_\_

General Secretary/ National Treasurer: \_\_\_\_\_

Remarks (If any): \_\_\_\_\_

### **For Office Use**

Received a Nomination form for the post of \_\_\_\_\_ in the  
Name of Shri / Smt. / Miss. \_\_\_\_\_, Employee  
Code: \_\_\_\_\_ Membership No. \_\_\_\_\_ from Central \_\_\_\_\_./  
State: \_\_\_\_\_ on \_\_\_\_\_.

The above nomination has been examined and found VALID / INVALID.

In case of nomination form is invalid, mention reason: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Returning Officer \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Chief Returning Officer \_\_\_\_\_