



University Of Baltistan Skardu

Office of the Registrar

Withdrawal of Nomination

I, _____ Designation _____
hereby withdraw my candidature / nomination from contesting the election for the membership of
_____ (e.g. Senate/Syndicate/Academic Council
/Representation Committee for Appointment to the Senate/, from the category of
_____ (e.g. Professor/Associate Professor/Assistant Professor/ Lecturer),
scheduled to be held on ____ / ____ / 2021.

Signature of the Candidate: _____ Electoral Roll No. _____

Date: ____ / ____ / 2021

Witness:

Full Name: _____ CNIC: _____

Designation: _____ Email: _____

Department: _____ Campus: _____

Serial No in the Electoral Roll: _____ Signature of the Witness _____
(With date):

Signature of Returning Officer (Registrar, UOBS) or His Nominee

Note:

Withdrawal of Candidature form can be submitted in the Office of Returning Officer (Registrar, UOBS) or his Nominee by April **15 -17, 2021** during the working hours.



University Of Baltistan Skardu

Office of the Registrar

ACKNOWLEDGEMENT RECEIPT FOR WITHDRAWAL OF CANDIDATURE FORM

Name: _____ Date: _____

Designation: _____

Department: _____

Campus: _____

Serial No in the Electoral Roll: _____

Contesting for the Membership of: _____

Contesting for the Category of: _____

Withdrawal of Candidature Form Submitted by:

Name: _____ Signatures: _____

Withdrawal of Candidature Form Received by:

Name: _____ Signatures: _____

(FOR OFFICE USE)

Name: _____ Designation: _____

Campus: _____ Serial No in the Electoral Roll: _____

Date: _____ Time: _____

Contesting for the Membership of: _____

Contesting for the Category of: _____

Withdrawal of Candidature Form Submitted by:

Name: _____ Signatures: _____

Withdrawal of Candidature Form Received by:

Name: _____ Signatures: _____