

DYAL SINGH COLLEGE

(UNIVERSITY OF DELHI)

Format for the withdrawal of the Nomination for the election of DSCTA President

I an/a Assistant Professor/Associate Professor/ Professor in the Department ofof the college withdraw my nomination for the post of the President of the DSCTA (2024-25) willingly.

Date:

Signature of the Candidate

Witness:

1. Name
Assistant/Associate Professor
Department:

Signature

2. Name
Assistant/Associate Professor
Department:

Signature

Receiving:

Received duly completed withdrawal form of the nomination from Mr./Ms. Prof. (Dr.)
..... an/a Assistant Professor/Associate Professor/ Professor in the Department of
..... for the post of President of DSCTA (2024-25).

Date:

Time:

Signature of receiving authority