MAHARASHTRA OLYMPIC ASSOCIATION

Affiliated to Indian Olympic Association Recognized by Govt. of Maharashtra (State Sports Council)

Election of Executive Council 2025 - 2029

Form - 'B'

NOMINATION FORM FOR EXECUTIVE COUNCIL

| To, The Returning Offi Election of Executi C/O Maharashtra S Vir Savarakar Mar | ive Council 202 State Kabaddi A | Association, Sh | ivaji Park, | Olympic Associ | iation, | |
|--|------------------------------------|-----------------|-------------|----------------|---------------|------------|
| Dear Sir, | | | | | | |
| We hereby aut | | | | | Executive | Member |
| One of our represen | | | | | | |
| President / Secreta the Maharashtra Ol | • | • | | | e Executive (| Council of |
| | CA | ANDIDATES | PARTICU | LARS | | |
| Full Name | | | | | | |
| (In Block Letters) | | | Name | N | Middle Name | |
| Residence Addres | | | | | | |
| Landline No. : | | | | | | |
| E-mail : | | | | | | |
| Office Address (if | Applicable)_ | | | | | |
| Landline No : | | N | Iobile No. | | | |
| E-mail : | | | | | | |

| NOMINATION FOR THE POST OF: | |
|---|--|
| If elected, I am willing to serve on the Executive Association and will follow all the rules and regu | • • |
| Date : | Signature of the Candidate |
| We declare that the above representations our State Associations. | ve is member of the executive committee of |
| President's Signature | Secretary's Signature |
| (Full Name | (Full Name |
|) |) |
| Mo. No | Mo. No |
| Place : | |
| Date : Stamp / Seal of the | State Association |

Note:

- 1. The nomination form must reach Returning officer office from 07/10/2025 to 11/10/2025 before at $5:00\,\mathrm{pm}$
- 2. The nomination forms must be accompanied by a letter signed by the President and Secretary, authorizing their nominations.
- 3. It is mandatory to attach the following documents along with the form otherwise incomplete applications will be rejected. Please note it
 - (i.) Aadhar Card, (ii.) Pan Card & (iii.) Two Photos (Self Attested)