ST. BEDE'S COLLEGE, SHIMLA

Student Council Election 2026–2027
NOMINATION FORM

A. PERSONAL DETAILS

1. Full Name (in Block Letters): _____

2. Class: _____

3. Programme: _____

4. Semester: _____

5. Roll Number: _____

6. University Registration Number: _____

7. Mobile Number: _____

8. Email ID: _____

B. POSITION APPLIED FOR

First Preference: _____

Second Preference: _____

Candidates may indicate up to two positions in order of preference.

C. ELIGIBILITY DECLARATION

☐ I am a bona fide student of St. Bede's College, Shimla.

☐ I have fulfilled the minimum attendance requirement prescribed by the College.

☐ I have no pending disciplinary action against me.

☐ I agree to abide by the College Election Rules and Code of Conduct.

☐ The information furnished by me is true and correct to the best of my knowledge.

D. BRIEF PROFILE

Why do you wish to contest the election?

_____

_____

Leadership Experience (if any):

_____

Achievements (Academic/Cultural/Sports/Community Service):

_____

E. MANIFESTO

Write your vision for the students and the College (Maximum 150 words).

_____

_____

F. PROPOSER

Name: _____ Class: _____ Roll No.: _____ Signature: _____

G. SECONDER

Name: _____ Class: _____ Roll No.: _____ Signature: _____

H. CANDIDATE'S DECLARATION

I hereby declare that I have read and understood the rules governing the Student Council Elections of St. Bede's College, Shimla. If elected, I shall discharge my duties with honesty, integrity, fairness, and commitment, while upholding the values and discipline of the institution.

Candidate's Signature: _____ Date: ___/___/_____

ATTENDANCE VERIFICATION (COMPULSORY)

The candidate must obtain attendance verification from all faculty members who taught them during the previous academic year.

Name of Faculty Member	Department/Subject	Attendance Verified	Signature

Note:
1. It is mandatory to obtain the signatures of all faculty members who taught the candidate during the previous academic year.
2. Incomplete attendance verification will render the nomination liable to rejection.

APPROVAL & RECOMMENDATION (COMPULSORY)

Authority	Name	Signature	Date	Remarks
Society Head (Concerned Society/Club)				
Student Council Election Committee Member				
Student Council Advisors (Final Approval)				
Principal (Final Approval)				

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Date of Receipt: _____

Attendance Verification: Completed / Not Completed

Eligibility Verified: Yes / No

Nomination Status: Accepted / Rejected

Remarks: _____

Returning Officer's Signature: _____

College Seal