

All India Carrom Federation

Election of Office Bearers and Members of Managing Committee (Working Committee),
All India Carrom Federation

AUTHORITY LETTER

ELECTION OF OFFICE BEARERS AND MEMBERS OF WORKING COMMITTEE

AUTHORITY LETTER FOR

Submission of Original Nomination papers **FORM 2** as Authorized
Representative

To,

P.S. Datta
Returning Officer
69, Lane No. 5, Ground Floor,
Pratap Nagar,
MayurVihar – I, Delhi -110091
Email: parthasakhadatta@yahoo.in

I, _____ here by
authorize Mr./Ms. _____ his/her ID proof is
attached herewith and whose signature is attested below to submit my Original Nomination
Papers in prescribed format **FORM 2**.

Signature of Mr./Ms. Attested

Signature of the Candidate

Name of the Candidate _____

Name of Member State/Union Territory _____

Sl. No. in the Electoral College list _____

Signature _____

Place:

Date:

All India Carrom Federation
Election of Office Bearers and Members of Managing Committee (Working Committee),
All India Carrom Federation

AUTHORITY LETTER

ELECTION OF OFFICE BEARERS AND MEMBERS OF WORKING COMMITTEE

AUTHORITY LETTER FOR

Attend scrutiny session as Authorized Representative

To,

P.S. Datta
Returning Officer
69, Lane No. 5, Ground Floor,
Pratap Nagar,
MayurVihar – I, Delhi -110091
Email: parthasakhadatta@yahoo.in

I, _____ here by
authorize Mr./Ms. _____ his/her ID proof is attached
herewith and whose signature is attested below to attend scrutiny session as my Authorized
Representative

Signature of Mr./Ms. Attested

Signature of the Candidate

Name of the Candidate _____

Name of Member State/Union Territory _____

Sl. No. in the Electoral College list _____

Signature _____

Place:

Date:

All India Carrom Federation

Election of Office Bearers and Members of Managing Committee (Working Committee),
All India Carrom Federation

AUTHORITY LETTER

ELECTION OF OFFICE BEARERS AND MEMBERS OF WORKING COMMITTEE

AUTHORITY LETTER FOR

Submission of withdrawal papers **FORM 5** as Authorized Representative

To,

P.S. Datta
Returning Officer
69, Lane No. 5, Ground Floor,
Pratap Nagar,
MayurVihar – I, Delhi -110091
Email: parthasakhadatta@yahoo.in

I, _____ here by
authorize Mr./Ms. _____ his/her ID proof is
attached herewith and whose signature is attested below to submit my Original Withdrawal
Papers in prescribed format **FORM 5**.

Signature of Mr./Ms. Attested

Signature of the Candidate

Name of the Candidate _____

Name of Member State/Union Territory _____

Sl. No. in the Electoral College list _____

Signature _____

Place:

Date: