

FORM 'AA'

**COMMUNICATION WITH REGARD TO AUTHORISED
PERSONS TO INTIMATE NAME OF CANDIDATES
SET UP BY THE POLITICAL PARTY**

FOR USE AT ELECTIONS TO COUNCIL OF STATES
AND LEGISLATIVE COUNCIL

To,

1. The Chief Electoral Officer,

..... (State/Union Territory).

*2. The Returning Officer for the biennial/bye-election to the Council of States/Legislative Council by Assembly members.....

OR

*The Returning Officer for the biennial/bye-election from

** (Constituency).

Subject: Biennial/Bye-election to Council of States/ Legislative Council from..... (State/ Union Territory-Authorization of person(s) to intimate name(s) of candidate(s).

Sir,

I hereby communicate that the following Person(s) has/have been authorized by..... Party, which is a National Party/State Party/Registered Unrecognized Party in the State of to intimate the name(s) of the candidate(s) proposed to be set up by the Party at the election cited above :-

Name of person authorized to send notice	Name of Office held in the party	State/District(s)/area(s)/Constituency/ Constituencies in respect of which he has been authorized
1	2	3
1.		
2.		
3.		

2. The specimen signature of the above mentioned person(s) so authorized are given below:

1. Specimen signatures of Shri.....
(i).....(ii)..... (iii).....

2. Specimen signatures of Shri.....
(i).....(ii)..... (iii).....

3. Specimen signatures of Shri.....
(i)..... (ii)..... (iii).....

Yours faithfully,

Place
Date.....

(Name in block letters and signature)
President/Secretary
Name of the Party
(Seal of the Party)

* Strike out whichever is not applicable.

** Mention name of Graduates'/Teachers'/Local- Authorities' Constituency, as the case may be.

N.B.- (1) This must be delivered to the Returning Officer and Chief Electoral Officer not later than 3.00 p.m. on the last date for making nominations.

(2) Form must be signed in ink by the office bearer(s) mentioned above. No facsimile signature or signature by means of rubber stamp, etc., of any office bearer shall be accepted.

(3) No Form transmitted by fax shall be accepted.

FORM 'BB'

**NOTICE AS TO NAMES OF CANDIDATES SET
UP BY THE POLITICAL PARTY FOR USE AT
ELECTIONS TO COUNCIL OF STATES
AND LEGISLATIVE COUNCIL**

To,

1. The Chief Electoral Officer,

..... (State/Union Territory).

*2. The Returning Officer for the biennial/bye-election to the Council of States/Legislative Council by Members of Legislative Assembly.....

OR

*The Returning Officer for the biennial/bye-election from

** (Constituency) from the State of

Subject: Election to Council of States/Legislative Council from.....
(State/ Union Territory) – Setting up of candidates

Sir,

1. I hereby give notice on behalf of (Party)-

- (i) That the person(s) whose particulars are furnished in columns (2) to (4) below is/are the approved candidate(s) of the party above named, and
- (ii) the person(s) whose particulars are mentioned in columns (5) to (7) below is/are the substitute candidate(s) of the party, who will step in on the approved candidates' nomination being rejected on scrutiny or on his/their withdrawing from the contest, if the substitute candidate(s) is/are still a contesting candidate(s)

at the ensuing Biennial/Bye-election to the Council of State/State Legislative Council:

Name of Constituency***	Name of approved candidate	Father's/ Mother's/ Husband's name of approved candidate	Postal address of approval candidate	Name of the substitute candidate who will step-in on the event of approved candidate's nomination being rejected on scrutiny or his withdrawal from the contest if substitute candidate is still a contesting candidate	Father's/ Mother's/ Husband's name of substitute candidate	Postal address of substitute candidate
1	2	3	4	5	6	7
1.						
2.						
3.						
4.						
Etc.						

2. ****The notice in Form 'BB' given earlier in favour of Shri/Smt./Sushri..... as party's approved candidate, and Shri/Smt./Sushri as party's substitute candidate is hereby rescinded.
3. It is certified that each of the candidates whose name is mentioned above is a member of this political party and his name is duly borne on the rolls of members of this party.

Yours faithfully,

Place

Date.....

Name (in block letters)
and Signature of the authorised
Person of the Party
(Name of the Party)
(Seal of the Party)

-
- * Strike out whichever is not applicable.
- ** Mention names of Graduate's/Teachers'/Local Authorities' Constituency, as the case may be.
- *** Under this column mention name of the Constituency, as 1. By Assembly Member, 2. Graduates' Constituency, 3. Teachers' Constituency, 4. Local Authorities' Constituency, as the case may be.
- **** Para 2 of the Form must be scored off, if not applicable, or must be properly filled, if applicable.