

## **NOMINATION FORM**

I , Dr./ Shri / Smt	nominate,
Dr./ Shri / Smt	as a President/
Vice-president/ Secretar	ry/ Joint Secretary/ Treasurer of ARSSF, ICAR-CIFE unit,
Mumbai	
	Signature
Dated:	Name & Designation
	recorded the
proposal (To be filled in	n by the seconding member).
	Signature
Dated:	Name & Designation
	an agreeable
to be nominated to the A	ARSSF ICAR-CIFE Unit, Mumbai (To be filled in by the
nominated member).	
	Signature
Dated:	Name & Designation
Strike out whiche	ver is not applicable