



SOUTH EASTERN KENYA UNIVERSITY

NOMINATION FORM FOR THE SEKUSA SOCIAL WELFARE SECRETARY POSITION

ELECTION OF SOCIAL WELFARE SECRETARY OF THE STUDENT GOVERNING COUNCIL TO BE HELD ON THE 8TH DAY OF NOVEMBER, 2021

We, the under-signed, proposer and seconder, being registered as voters in **SEKUSA**, do hereby nominate the under-mentioned person as a candidate at the said election.

Candidate's Name in Full

Reg. No

Department.....

School.....

Phone Number.....**SEKU** email address.....

National ID Number.....

Signature.....Date.....

Proposer's Full Names.....

Reg. No:

Department.....

School.....

Phone Number.....**SEKU** email.....

National ID Number.....

Signature:Date.....

Seconders' Full Names:

Reg. No:

Department.....

School.....

Phone Number.....**SEKU** email address.....

National ID Number.....

Signature:Date.....

And I,do hereby consent to my nomination as Social Welfare Secretary of **SEKUSA** and certify that I am in all respects qualified for nomination as such candidate.

Signature: **Date:**

NOTE

(i). FORM NOT DULLY FILLED WILL NOT BE PROCESSED

(ii). THIS FORM SHOULD BE RETURNED BY THE ASPIRANT IN PERSON