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

2. The specimen signature of the above mentioned person(s) so authorised 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).....

Place

Date

Yours faithfully

(Name in Capital letters)

President/Secretary

Name of the Party

(Seal of the Party)

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.

Place

Date

Yours faithfully,

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 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 _____
_____.
- (2) Form must be signed in ink by the office bearer(s) mentioned above. No facsimile signature or signature by means of runner stamp, etc., of any office bearer shall be accepted.
- (3) No Form transmitted by fax shall be accepted.
- (4) Para 2 of the Form must be scored off, if not applicable, or must be properly filled, if applicable.

