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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 approved 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 as party's substitute candidate is hereby rescinded.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

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 names of Graduates'/Teachers'/Local Authorities' Constituency, as the case may be.
- \*\*\* Under this column mention name of the Constituency, as 1. By Assembly Member, 2. Graduates'

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Constituency, 3. Teachers' Constituency, 4. Local Authorities' Constituency, as the case may be.

§ If more than one candidate is to be elected from the Constituency.

**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.