



BANK OF BARODA RETIRED OFFICERS' ASSOCIATION

(Estd. 1990 – Reg. No. G/4766/90)

Affiliated to: All India Bank Pensioners and Retirees Confederation, Kolkata



CHAIRMAN

Shri V. T. Makwana

(M) +91-9624000724 vithalmakwana29@gmail.com

National President:

Shri K. L. Bansal

(M) +91- 9958413855

klbansal@yahoo.co.in

Executive President:

Shri Jatil G. Patel

(M) +91-9725903169

jatilpatel5@gmail.com

General Secretary:

Shri J. G. Lakhawala

(M) +91-9825917351

jagdish_lakhawala@yahoo.com

FORM FOR FILING CANDIDATURE FOR ELECTION AS ZONAL COMMITTEE MEMBER

Date:

From:

To,

The Chief Returning Officer,

C/o. Bank of Baroda Retired Officers' Association (BOBROA),

_____ Zone, _____

Dear Sir,

I, _____, Membership No. _____ Residing at _____, having Mobile No _____, wish to offer myself as candidate for Zonal Committee, representing _____ Region of Zone in the ensuing elections of the Zonal Committee to be held on _____ pursuant to Circular dated _____ relating to zonal elections.

I hereby declare that:

- a) I have read the Constitution of the BOBROA Association and it is fully binding upon me. I am also aware of its all provisions including its 'Non eligibility' clauses, including:
- 15.1.1 If he holds office or is a member of any other retiree Organization of Bank of Baroda either cadre based or multi cadre origin.
 - 15.1.2 If he holds office or is a member of any Organization of in-service employees of Bank of Baroda or any other Public Sector or Private Sector or Co-operative Bank.
- b) I am a Life member of BOROA Association and my fees are not in arrears.
- c) I have paid all the dues as called for the Association from time to time till this date.
- d) I am aware that any of my above declarations, if found wrong at a later date, even after my election to the Zonal Committee, will disqualify me as the Zonal Committee Member.

Signature of the Candidate _____

Name of Proposer: _____ Membership No. _____

Address of Proposer: _____

Signature of Proposer: _____ (Mobile No.) _____

Name of Seconder: _____ Membership No. _____

Address of Seconder: _____

Signature of Seconder: _____ (Mobile No.) _____

At _____ (Place) this _____ Date _____

Verified the details of the form above. Nomination found valid / invalid

Reasons in brief for Invalidity, if found invalid.

Signature of the Chief Returning Officer