

**List of Nominations received on _____ (date) for election
as member _____Ward _____Municipality.**

Sl. No.	Name of the candidate	Father's/ Husband Name	Age	Sex	Occupation and Address	Where the candidate is a member of SC/SC(W)/ BC/Women, the particular Caste/Class to which the candidate belongs	Name of the proposer	Serial No. of proposer in the list in which his name is included
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Note : Column No.7 to filled up only in the case of a (Ward) where the seat to be filled up is reserved for the SC/SC(W)/ BC/Women. In other cases this column shall be struck off.

Returning Officer or other Authorized person.