**UNIVERSITY OF NIGERIA, NSUKKA**

**UNIVERSITY OF NIGERIA ELECTORAL COMMISSION (UNECO) 2015/2016 ELECTION INTO HALL GOVERNMENT NOMINATION PAPER**

**Serial No :---------------------**

**Name of Candidate:------------------------------------------------------------------------------------------------**

Faculty/Department:-----------------------------------------------------------------------------------------------

Hostel/Room No------------------------------------------ Reg. No.:--------------------------------

C.G.P.A.:-------------------------- Phone No.:--------------------------------- Year of Study:----------------

DECLARATION: I declare that the information given above is correct and promise to abide by the decision of UNECO on any candidate.

Signature:--------------------

Attach photocopies of Hostel Receipts, Fees, and Students’ Union Dues paid for the current session and Affidavit of membership of non registered group.

**POST SOUGHT FOR**:--------------------------------------------------------------------------------------------------

**NOMINATED BY:**

6. Name:-----------------------------------------------------

Faculty/ Department:---------------------------------Reg. No:------------------- Phone No.-----------------

Hostel:---------------------Sign---------------------------

1. Name:-----------------------------------------------------

Faculty/ Department:---------------------------------Reg. No:---------------------phone No----------------

Hostel:---------------------Sign.-------------------------

2. Name:-----------------------------------------------------

Faculty/ Department:---------------------------------Reg. No:--------------------Phone No-----------------

Hostel:---------------------Sign--------------------------

7. Name:-----------------------------------------------------

Faculty/ Department:---------------------------------Reg. No:------------------- Phone No.-----------------

Hostel:---------------------Sign--------------------------

3. Name:-----------------------------------------------------

Faculty/ Department:---------------------------------Reg. No:------------------- Phone No.-----------------

Hostel:---------------------Sign--------------------------

8. Name:-----------------------------------------------------

Faculty/ Department:---------------------------------Reg. No:------------------- Phone No.-----------------

Hostel:---------------------Sign---------------------------

4. Name:-----------------------------------------------------

Faculty/ Department:---------------------------------Reg. No:------------------- Phone No.-----------------

Hostel:---------------------Sign---------------------------

9. Name:-----------------------------------------------------

Faculty/ Department:---------------------------------Reg. No:------------------- Phone No.-----------------

Hostel:---------------------Sign---------------------------

10. Name:-----------------------------------------------------

Faculty/ Department:---------------------------------Reg. No:-------------------- Phone No.----------------

Hostel:---------------------Sign--------------------------

5. Name:-----------------------------------------------------

Faculty/ Department:---------------------------------Reg. No:------------------- Phone No.-----------------

Hostel:---------------------Sign--------------------------

**CERTIFICATION:**

1. **BY HALL WARDEN**

I certify that ------------------------------------------------------------------- is/is not academically and emotional suitable to stand election for the Hall Government

1. **BY HALL SUPERVISOR:**

This is to certify that the candidate and those nominating him/her are bonafide students of the Hostel.

Name of Hall Supervisor:--------------------------------------------------------------------------------

Signature/Stamp:------------------------------------------------------------------- Date:---------------

………………………………………………………………………………………………………………………………………..

**For Official Use:**

Remarks by UNECO:------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**-----------------------------------------------------**

Secretary, UNECO 2015/2016

**UNIVERSITY OF NIGERIA, NSUKKA**

**UNIVERSITY OF NIGERIA ELECTORAL COMMISSION (UNECO) 2015/2016 ELECTION INTO HOUSE OF REPRESENTATIVES NOMINATION PAPER**

**Serial No :---------------------**

**Name of Candidate:------------------------------------------------------------------------------------------------**

Faculty/Department:-----------------------------------------------------------------------------------------------

Hostel/Residential Address:------------------------------------------ Reg. No.:--------------------------------

C.G.P.A.:-------------------------- Phone No.:--------------------------------- Year of Study:----------------

DECLARATION: I declare that the information given above is correct and promise to abide by the decision of UNECO on any candidate.

Signature:----------------------------------

Attach photocopies of Hostel Receipts, Fees, and Students’ Union Dues paid for the current session and Affidavit of non-membership of cult.

**POST SOUGHT FOR**:--------------------------------------------------------------------------------------------------

**NOMINATED BY:**

9. Name:--------------------------------------------------------

Faculty/ Department:------------------------------------Reg. No:------------------------------------------------------

Signature:---------------------Phone No.-----------------

10. Name:--------------------------------------------------------

Faculty/ Department:------------------------------------Reg. No:------------------------------------------------------

Signature:---------------------Phone No.-----------------

1. Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:------------------------------------------------------

Signature:---------------------Phone No.-----------------

6. Name:--------------------------------------------------------

Faculty/ Department:------------------------------------Reg. No:------------------------------------------------------

Signature l:---------------------Phone No.-----------------

7. Name:--------------------------------------------------------

Faculty/ Department:------------------------------------Reg. No:------------------------------------------------------

Signature:---------------------Phone No.-----------------

8. Name:--------------------------------------------------------

Faculty/ Department:------------------------------------Reg. No:------------------------------------------------------

Signature l:---------------------Phone No.-----------------

2. Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:------------------------------------------------------

Signature:---------------------Phone No.-----------------

3. Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:------------------------------------------------------

Signature:---------------------Phone No.-----------------

4. Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:------------------------------------------------------

Signature:---------------------Phone No.-----------------

5. Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:------------------------------------------------------

Signature:---------------------Phone No.-----------------

**CERTIFICATION:**

1. **BY DEPARTMENTAL STAFF ADVISER:**

I certify that ------------------------------------------------------------------- is/is not academically and emotional suitable to stand election for the Students’ Union Government and is not worthy in character.

----------------------------------------------

(Name, Signature, & Date)

1. **BY HEAD OF DEPARTMENT:**

This is to certify that --------------------------------------------- is/is not academically suitable to stand election for the Students’ Union Government.

------------------------------------------------------------------------------------

**Head of Department (Name, Signature, Date & Official Stamp)**

**For Official Use:**

Remarks by UNECO:------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**------------------------------------------------------**

Secretary, UNECO 2015/2016

**UNIVERSITY OF NIGERIA, NSUKKA**

**UNIVERSITY OF NIGERIA ELECTORAL COMMISSION (UNECO) 2015/2016**

**ELECTION INTO EXECUTIVE COUNCIL**

**NOMINATION PAPER**

**Serial No :---------------------**

**Name of Candidate:------------------------------------------------------------------------------------------------**

Faculty/Department:-----------------------------------------------------------------------------------------------

Hostel/Residential Address:------------------------------------------ Reg. No.:--------------------------------

C.G.P.A.:-------------------------- Phone No.:--------------------------------- Year of Study:----------------

DECLARATION: I declare that the information given above is correct and promise to abide by the decision of UNECO on any candidate.

Signature:----------------------------------

Attach photocopies of Hostel Receipts, Fees, and Students’ Union Dues paid for the current session and Affidavit of non-membership of cult.

**POST SOUGHT FOR**:--------------------------------------------------------------------------------------------------

**NOMINATED BY:**

6. Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:-------------------------------------------------------

Signature:---------------------Phone No.-----------------

1. Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:-------------------------------------------------------

Signature:---------------------Phone No.-----------------

7 Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:-------------------------------------------------------

Signature:---------------------Phone No.-----------------

2. Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:-------------------------------------------------------

Signature:---------------------Phone No.-----------------

8. Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:-------------------------------------------------------

Signature:---------------------Phone No.-----------------

3. Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:-------------------------------------------------------

Signature:---------------------Phone No.-----------------

4. Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:-------------------------------------------------------

Signature:---------------------Phone No.-----------------

9 Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:-------------------------------------------------------

Signature:---------------------Phone No.-----------------

5. Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:-------------------------------------------------------

Signature:---------------------Phone No.-----------------

10 Name:---------------------------------------------------------

Faculty/ Department:-------------------------------------Reg. No:-------------------------------------------------------

Signature:---------------------Phone No.-----------------

**CERTIFICATION:**

1. **BY DEAN OF FACULTY:**

I certify that ------------------------------------------------------------------- is/is not academically and emotionally suitable to stand election for the Students’ Union.

**------------------------------------------------------------------------**

**Dean of Faculty: (Name, Signature/ Official Stamp) Date**

1. **BY HEAD OF DEPARTMENT:**

This is to certify that--------------------------------------------is/is no academically and emotionally suitable to stand election for the Students’ Union Government and is/is not worthy in character.

stand election for the Students’ Union Government.

**---------------------------------------------------------------------------------------------**

**Head of Department (Name, Signature, Date & Official Stamp) Date**

**C. BY DEPARTMENTAL STAFF ADVISER:**

This is to certify that the candidate and those nominating him are bonafide students of the Faculty.

**Name of Faculty Officer:-----------------------------------------------------------------------------------------------------------**

**-**

**Signature/Stamp:------------------------------------------------------- Date:------------------------------------------------------**

**For Official Use:**

Remarks by UNECO:---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**------------------------------------------------------**

Secretary, UNECO 2015/2016

**UNIVERSITY OF NIGERIA, NSUKKA**

**UNIVERSITY OF NIGERIA ELECTORAL COMMISSION (UNECO) 2015/2016 ELECTION INTO**

**SENATE NOMINATION PAPER**

**Serial No :---------------------**

**Name of Candidate:------------------------------------------------------------------------------------------------**

Faculty/Department:-----------------------------------------------------------------------------------------------

Hostel/Address:-------------------------------------------------------- Reg. No.:--------------------------------

C.G.P.A.:-------------------------- Phone No.:--------------------------------- Year of Study:----------------

DECLARAION: I declare that the information given above is correct and promise to abide by the decision of UNECO on any candidate.

Signature:--------------------

Attach photocopies of Hostel Receipts, Fees, and Students’ Union Dues paid for the current session and Affidavit of non-membership of unregistered Associations.

6. Name:------------------------------------------------------------

Faculty/ Department:----------------------------------------

Reg. No:----------------------------------------------------------

Signature:-------------------------Phone No.-----------------

1. Name:------------------------------------------------------------

Faculty/ Department:----------------------------------------

Reg. No:----------------------------------------------------------

Signature:-------------------------Phone No.-----------------

**POST SOUGHT FOR**:------------------------------------------------------------------------------------------------

**NOMINATED BY:**

2. Name:------------------------------------------------------------

Faculty/ Department:----------------------------------------

Reg. No:----------------------------------------------------------

Signature:-------------------------Phone No.-----------------

7. Name:------------------------------------------------------------

Faculty/ Department:----------------------------------------

Reg. No:----------------------------------------------------------

Signature:-------------------------Phone No.-----------------

8. Name:------------------------------------------------------------

Faculty/ Department:----------------------------------------

Reg. No:----------------------------------------------------------

Signature:-------------------------Phone No.-----------------

3. Name:------------------------------------------------------------

Faculty/ Department:----------------------------------------

Reg. No:----------------------------------------------------------

Signature:-------------------------Phone No.-----------------

9. Name:------------------------------------------------------------

Faculty/ Department:----------------------------------------

Reg. No:----------------------------------------------------------

Signature:-------------------------Phone No.-----------------

4. Name:------------------------------------------------------------

Faculty/ Department:----------------------------------------

Reg. No:----------------------------------------------------------

Signature:-------------------------Phone No.-----------------

10. Name:-------------------------------------------------------

Faculty/ Department:----------------------------------------

Reg. No:----------------------------------------------------------

Signature:-------------------------Phone No.-----------------

5. Name:------------------------------------------------------------

Faculty/ Department:----------------------------------------

Reg. No:----------------------------------------------------------

Signature:-------------------------Phone No.-----------------

**CERTIFICATION:**

1. **BY DEAN OF FACULTY:**

I certify that ------------------------------------------------------------------- is/is not academically and emotionally suitable to stand election for the Students’ Union Government and is not worthy in character.

---------------------------------------------------

(Name, Signature, Date & Official Stamp)

1. **BY HEAD OF DEPARTMENT:**

This is to certify that----------------------------------------------------- is/is not academically suitable to

stand election for the Students’ Union Government.

---------------------------------------------------

(Name, Signature, Date & Official Stamp)

1. **BY DEPARTMENTAL STAFF ADVISER:**

This is to certify that the candidate and those nominating him are bonafide students of the Faculty.

------------------------------------------------------

(Name, Signature, Date & Official Stamp)

**For Official Use:**

Remarks by UNECO:--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**------------------------------------------------------**

Secretary, UNECO 2015/2016