



SCIENTISTS AND TEACHERS ASSOCIATION
SHALIMAR, KASHMIR - 191 125

SSTA ELECTION NOTIFICATION, 2017 By-Elections

In terms of article 10 section 1 envisaged in the constitution in the SKUAST-K Scientists and Teachers Association (SSTA), scientists desirous to contest SSTA election 2017 for the below mentioned posts fallen vacant due to transfers etc. are informed to download nomination forms from university website (www.skuastkashmir.net) or collect from the office of the undersigned from 18th to 21st September, 2017. The duly filled forms, endorsed by treasurer SSTA can be deposited in the office of Convener SSTA elections latest by 22nd September, 2017 for further necessary action and scrutiny. Last date for withdrawal of nomination forms will be 25th September, 2017.

Interested candidates who cannot submit forms physically can submit through email on singhkndr@gmail.com

| S.No. | Post | No |
|-------|---|----|
| 1. | Councilor, Wadura campus (FOA Wadura) | 03 |
| 2. | Councilor, Ladakh (Kargil, Zanskar, Leh and Nyomah) | 01 |
| 3. | Councilor, KVKs South (Anantnag, Kulgam, Pulwama & Shopian) | 01 |

Members having less than three years of service in the University and those superannuating by the end of March, 2020 are not eligible to contest the elections.

The tentative date of election is 05th October, 2017.

Sd/-
Prof. (Dr.) K.N. Singh
Controller Examination
Convener SSTA Election

No: AU/EC/2017/365-72

Dated: 11-09-2017

Copy to:

- All officers of the University
- Dean Faculty of Agriculture wadura, Sopore.
- Associate Director Research HMAARI, Leh.
- Programme Coordinator, Anantnag/ Pulwama/Shopian/Kulgam
- President SSTA, SKUAST-K.
- Incharge ARIS, for uploading on SKUAST-K website.
- Secretary to Vice-Chancellor for kind information of Hon'ble Vice-Chancellor, SKUAST-K.
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SCIENTISTS AND TEACHERS ASSOCAITION (S.S.T.A)
SHALIMAR, KASHMIR-191 121

SSTA BY-ELECTION, 2017

Nomination Form for the Post of : _____
Division/Station/Unit : _____

Name : _____
Designation : _____
Present place of posting : _____
Mobile/Fax number : _____ Email : _____

Signature of Nominee with date

Secoded by :

a) Name : _____
Designation : _____
Present place of posting : _____

Signature with date

b) Name : _____
Designation : _____
Present place of posting : _____

Signature with date

CERTIFICATE

This is to certify that Dr./Mr _____ seconded by
_____ and _____ are the
bonafide members of SSTA.

Treasurer (SSTA)

SECURTINY

a) Nomination form withdrawn on : _____
b) Found eligible : _____
c) Found ineligible : _____

Convener SSTA Elections