



**LEGISLATIVE ASSEMBLY
NATIONAL CAPITAL TERRITORY OF DELHI
OLD SECRETARIAT, DELHI 110 054**

NOMINATION FORM

I propose the name of Sh./Smt./Ms _____
_____, MLA to be member of the
Committee on Public Accounts.

Signature of Proposer _____

Name of Proposer _____

Constituency No. _____

Place: Delhi

Dated: _____

I am willing to serve as Member of the Committee on Public Accounts.

Signature of Proposed MLA _____

Name _____

Constituency No. _____

Place: Delhi

Dated: _____