

NOMINATION FORM

I propose the name of Sh./Smt./Ms _____, MLA to be a member of the **State Advisory Board on Disability under the provisions of The Rights of Persons with Disabilities Act, 2016**

Signature of Proposer _____
Name of the Proposer _____
Constituency _____

Delhi
Dated:

I am willing to serve as a member of the **State Advisory Board on Disability under the provisions of The Rights of Persons with Disabilities Act, 2016.**

Signature of Candidate _____
Name _____
Constituency No. _____

Delhi
Dated:

WITHDRAWAL FORM

I withdraw my candidature for being a Member of **State Advisory Board on Disability under the provisions of The Rights of Persons with Disabilities Act, 2016.**

Signature of Candidate _____

Constituency No. _____

Delhi
Dated : _____