

The Andhra Cricket Association

Dr. YSR ACA-VDCA Cricket Stadium, D.No. 10-24/1, NH-16,
P.M. Palem, Visakhapatnam - 530 0041.

Nomination-Cum Affidavit Form

I, _____ S/o, W/o, D/o _____

_____ residing at _____

_____ and representing _____

_____ Association/Club, hereby offer myself for

election to the Office bearers of ACA in the following category.

1. The Vice President

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Note: Put a tick mark in the appropriate box. A candidate can apply for only one post.

I _____ hereby confirm and solemnly affirm that I have been duly nominated by _____ which is a Full Member of the ACA to be its representative to the ACA Election AGM 2 scheduled to be held on 16th September, 2025 and I am not disqualified to be an Office Bearer or member of the Apex Council. I particularly affirm and confirm that:

- a) I am a citizen of India;
- b) I have not attained the age of 70 years
- c) I have not been declared to be insolvent or of unsound mind;
- d) I am not a Minister or Government Servant.
- e) I have not been convicted by a Court of Law for commission of any criminal and sentenced to imprisonment.
- f) I have not been an office bearer of the ACA for a cumulative period of 9 years

- g) I have not functioned as an office-bearer in ACA for two consecutive terms for a period of six years and I affirm that on that count I am not ineligible to contest and I affirm that therefore I do not require to undergo a cooling off period of 3 years to make me eligible to contest.
- h) I am attaching
1. An information sheet detailing the periods for which I have been an office- bearer in the ACA or any other association.
 2. Letter of authorization duly nominating me as its representative to the ACA Election AGM 2 scheduled to be held on 16th September 2025 and I solemnly affirm that the information provided therein is true to the best of my knowledge and understanding.

Name and Signature of the Candidate /Deponent

Witness Signature:

Name of witness:

Member of ACA Member Association:

Contact Details

Address:

Mobile No.:

E mail ID:

Proposer's Signature:

Name:

Member of ACA Member Association:

Contact Details:

Address:

Mobile No.:

E-mail ID:

Seconder's Signature:

Name:

Member of ACA Member Association:

Contact Details:

Address:

Mobile No.:

Email /D.

Verification

Verified at _____ on this _____
day _____ that the above stated contents of the present affidavit/nomination
form are true and correct to the best of my knowledge and I affirm that no material
information has been concealed.

DEPONENT

Attested by Notary/Oath Commissioner

INFORMATION SHEET

1. Name of the Candidate: _____

2. Period of office bearer in Andhra Cricket Association or any District Association: _____

Signature of the candidate.