

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 Apex Council of ACA in the following category.

1. The President
2. The Vice President
3. The Secretary
4. The Joint Secretary
5. The Treasurer
6. The Councillor (as representative of ACA Members)

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 Special General Body Meeting (SGM) to be held on **08th September, 2024** 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.
 2. Letter of authorization duly nominating me as its representative to the ACA Special General Body Meeting to be held on 08th September 2024 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:

Secunder's Signature:

Member of ACA Member Association:

Contact Details:

Address:

Mobile No.:

Email ID:

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: _____

Signature of the candidate.