



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 of any, hereby offer myself for election to the one of the **2 Elected Posts** of the **Governing Council** for the conduct of **Andhra Premier League (APL)** for the term **2026-2027**.

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 Meeting (SGM) to be held on **05th April, 2026** and I am not disqualified to be an Office Bearer or member of the Apex Council or member of the Governing 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 holding any other post in ACA or BCCI or office bearer of any other cricket association.
2. Letter of authorization duly nominating me as its representative to the ACA Special General Meeting to be held on **05th April 2026** 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:

Details of ACA Member Association:

Contact Details

Address:

Mobile No.:

E mail ID:

Proposer's Signature:

Name:

Details of ACA Member Association:

Contact Details:

Address:

Mobile No:

E-mail ID:

Secunder's Signature:

Name:

Details 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. Particulars and the Period of office bearer' in Andhra Cricket Association or holding any other post in the Andhra Cricket Association or the BCCI or office bearer of any other Cricket Association: _____

Signature of the candidate.

Date: