



JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY

SAJOOUST ELECTORAL BOARD

SAJOOUST ELECTIONS, NOMINATIONS FOR ELECTORAL COLLEGE REPRESENTATIVE (ECR)

NAME-----
Last name First name Middle name

REG. NO. ----- Year of study _____ Phone No. -----

E-mail-----

FACULTY/SCHOOL-----

POST TO BE CONTESTED-----DEPARTMENT-----

REGISTRAR ACADEMIC AFFAIRS

- a) Is the student duly registered for this semester Yes { } No { }
b) Is the student having any examination misconduct Yes { } No { }

Comment-----

Sign----- Date & stamp-----

FINANCE OFFICER

Has the student cleared his /her fees for this semester Yes { } No. []

Comments-----

Sign----- Date& stamp-----

DEAN OF STUDENTS

Indicate whether the student has misconduct case(s) requiring disciplinary action
Yes { } No. { } . Comments-----

Sign----- Date& stamp-----

RETURNING OFFICER

Indicate whether the student has met all the election requirements Yes { } No. { }
Comments-----

Sign----- Date& Stamp-----



JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY

SAJOOUST ELECTORAL BOARD

NOMINATION OF PROPOSERS AND AGENTS FOR ELECTORAL COLLEGE REPRESENTATIVE (ECR)

A. PROPOSERS

NAME	REG. NO.	SIGN
1.
2.

The candidate will choose his/her own TWO Agents, from duly registered students of JOOUST.

B. AGENTS

NAME	REG. NO.	SIGN
1.
2.

DECLARATION BY CANDIDATE

I certify that the foregoing information is correct. I accept to abide by the rules and regulations governing the behavior of duly nominated candidates.

.....
SIGN DATE

NAME.....



JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY

SAJOOUST ELECTORAL BOARD

SAJOOUST ELECTIONS, NOMINATIONS FOR STUDENT GOVERNING COUNCIL (SGC)

NAME-----

Last name

First name

Middle name

REG. NO. ----- Year of study _____ Phone No. -----

E-mail-----

HALLS OF RESIDENCE-----

POST TO BE CONTESTED-----

RUNNING MATE- INFORMATION (FOR CHAIRMAN/CHAIRPERSON ONLY)

NAME-----

Last name

First name

Middle name

REG. NO. ----- Phone No. ----- E-mail-----

REGISTRAR ACADEMIC AFFAIRS

a) Is the student duly registered for this semester Yes { } No { }

b) Is the student having any examination misconduct Yes { } No { }

Comment-----

Sign----- Date & stamp-----

FINANCE OFFICER

Has the student cleared his /her fees for this semester Yes { } No. []

Comments-----

Sign----- Date& stamp-----

DEAN OF STUDENTS

Indicate whether the student has misconduct case(s) requiring disciplinary action

Yes { } No. { } . Comments-----

Sign----- Date& stamp-----

RETURNING OFFICER

Indicate whether the student has met all the election requirements Yes { } No. { }

Comments-----

Sign----- Date& Stamp-----



JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY

SAJOOUST ELECTORAL BOARD

NOMINATION OF PROPOSERS AND AGENTS FOR STUDENT GOVERNING COUNCIL(SGC)

C. PROPOSERS

NAME	REG. NO.	SIGN
1.
2.

The candidate will choose his/her own TWO Agents, from duly registered students of JOOUST.

D. AGENTS

NAME	REG. NO.	SIGN
1.
2.

DECLARATION BY CANDIDATE

I certify that the foregoing information is correct. I accept to abide by the rules and regulations governing the behavior of duly nominated candidates.

.....
SIGN

.....
DATE

NAME-----



JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY

SAJOOUST ELECTORAL BOARD

SAJOOUST ELECTIONS, NOMINATIONS FOR CONGRESS REPRESENTATIVES (CR)

NAME-----

Last name

First name

Middle name

REG. NO. ----- Year of study _____ Phone No. -----

E-mail-----

FACULTY/SCHOOL OR CONSTITUENCY-----

POST TO BE CONTESTED-----

REGISTRAR ACADEMIC AFFAIRS

a) Is the student duly registered for this semester Yes { } No { }

b) Is the student having any examination misconduct Yes { } No { }

Comment-----

Sign----- Date & stamp-----

FINANCE OFFICER

Has the student cleared his /her fees for this semester Yes { } No. []

Comments-----

Sign----- Date & stamp-----

DEAN OF STUDENTS

Indicate whether the student has misconduct case(s) requiring disciplinary action

Yes { } No. { } . Comments-----

Sign----- Date & stamp-----

RETURNING OFFICER

Indicate whether the student has met all the election requirements Yes { } No. { }

Comments-----

Sign----- Date & Stamp-----



JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY

SAJOUST ELECTORAL BOARD

NOMINATION OF PROPOSERS AND AGENTS FOR CONGRESS REPRESENTATIVE (CR)

A. PROPOSERS

NAME	REG. NO.	SIGN
1.
2.

The candidate will choose his/her own TWO Agents, from duly registered students of JOUST.

B. AGENTS

NAME	REG. NO.	SIGN
1.
2.

DECLARATION BY CANDIDATE

I certify that the foregoing information is correct. I accept to abide by the rules and regulations governing the behavior of duly nominated candidates.

SIGN DATE

NAME-----