



# JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY

## ELECTORAL BOARD

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**SAJOOUST ELECTIONS, NOMINATIONS FOR ELECTORAL COLLEGE REPRESENTATIVE (ECR)**

**NAME**-----

Last name

First name

Middle name

**REG. NO.** -----

**Phone No.** -----

**E-mail**-----

**HALLS OF RESIDENCE**-----

**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

## ELECTORAL BOARD

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

#### A. PROPOSERS

NAME  
SIGN

REG. NO.

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

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

## ELECTORAL BOARD

### SAJOOUST ELECTIONS, NOMINATIONS FOR STUDENT GOVERNING COUNCIL (SGC)

NAME-----

Last name

First name

Middle name

REG. NO. -----

Phone No. -----

E-mail-----

HALLS OF RESIDENCE-----

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

## ELECTORAL BOARD

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### 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

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

## ELECTORAL BOARD

### SAJOOUST ELECTIONS, NOMINATIONS FOR CONGRESS REPRESENTATIVES (CR)

NAME-----

Last name

First name

Middle name

REG. NO. -----

Phone No. -----

E-mail-----

HALLS OF RESIDENCE-----

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

## ELECTORAL BOARD

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### 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 JOOUST.

#### B. AGENTS

NAME	REG. NO.	SIGN
1. ....	.....	.....
2. ....	.....	.....

#### DECLARATION

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-----