



SWAMI ATULANAND HINDU MAHAVIDYALAY

Parmanandpur, Shivpur, Varanasi 221002

STUDENT COUNCIL NOMINATION / REGISTRATION FORM

Name of Student:		Enrollment No.:	
Course/Programme:		Year/Semester:	
Mobile No.:		Email ID:	

Position/Responsibility Applied For:

- ☐ Head Boy/Girl ☐ Vice Head Boy/Girl ☐ Class Representative
☐ Cultural Representative ☐ Sports Representative ☐ Other: _____

Brief statement / reason for applying:

I agree to follow the rules and code of conduct of the College while representing the student council body.

Date: _____

Student Signature: _____

Approved By:

Student Council In-charge: _____

Principal/Authorized Signature: _____