

**INCOMETAX GAZETTED OFFICERS ASSOCIATION
ANDHRA PRADESH & TELENGANA UNIT.
ELECTION FOR THE TERM 2019-21**

NOMINATION FORM

Name of the post : _____

**Name and Designation
of the contestant** : _____

**Name and Designation
of the Proposer** : _____

**Signature of the
Proposer with date** : _____

**Name and designation
of the Seconder** : _____

**Signature of the
Seconder with date** : _____

**Signature with date and
Station of the contestant** : _____

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WITHDRAWAL FORM

I, _____ (name of the
contestant) withdraw my nomination for the post of _____
(post for which the contestant wishes to withdraw)

Signature : _____

Date : _____

Station : _____