

FORM B

NOTICE AS TO NAME OF CANDIDATE SET UP BY THE POLITICAL PARTY [SEE PARAGRAPHS 13(B), (C) AND (E) AND 13A OF THE ELECTION SYMBOLS (RESERVATION AND ALLOTMENT) ORDER 1968]

To

The Returning Officer for the

.....Constituency.

Subject:- General/bye Election to from (Name of the Constituency
in.....(State/Union Territory) – setting up of candidate.

Sir,

In pursuance of paragraphs 13 (b), (c) and (e) and 13A of the Election Symbols (Reservation and Allotment) Order, 1968, I hereby give notice on behalf of — — — — — (party)

- (i) that the person whose particulars are furnished in columns (2) to (4) below is the approved candidate of the party above named , and
- (ii) the person whose particulars are mentioned in columns (5) to(7) below is the substitute candidate of the party, who will step-in on the approved candidate's nomination being rejected on scrutiny or on his withdrawing from the contest, if the substitute candidate is still a contesting candidate,

at the ensuing general/bye election from this constituency :

Name of the Constituency	Name of the approved candidate	Father's/ Mother's/ Husband's name of approved candidate	Postal address of approved candidate	Name of the Substitute candidate who will step-in (i) on the approved candidate's nomination being rejected on scrutiny, or (ii) on his (approved candidate) withdrawing from the contest if, however, the nomination paper of substitute candidate is accepted on scrutiny as an independent candidate and, he is still a contesting candidate	Father's/ Mother's/ Husband's name of substitute candidate	Postal address of substitute candidate
1	2	3	4	5	6	7

¹ Substituted vide the Commission's letter No. 56/Symbol/2014/PPS-II, dated 14.10.2014

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- *2. ThenoticeinForm‘B’givenearlierinfavourofShri/Smt./Sushri.....
as party’s approved candidate/Shri/Smt./ Sushrias
Party’s substitute candidate is hereby rescinded.
3. It is certified that each of the candidates whose name is mentioned above is a
member of this political party and his name is duly borne on the rolls of members
of this party.

Yours faithfully,

(Name and Signature of the
Authorised person of the Party)

(Seal of the Party)

Place

Date

** Score off, if not applicable.*

N.B.

1. This must be delivered to the Returning Officer not later than 3 p.m. on the last date for making Nominations.
2. Form must be signed in ink by the office bearer (s) mentioned above. No facsimile signature or signature by means of rubber stamp, etc., of any office bearer shall be accepted.
3. No form transmitted by fax shall be accepted.
4. Para 2 of the Form must be scored off, if not applicable, or must be properly filled, if applicable.