

FORM 'BB'

**NOTICE AS TO NAME(S) OF CANDIDATE(S) SET UP BY THE POLITICAL
PARTY FOR USE AT ELECTIONS TO COUNCIL OF STATES AND
LEGISLATIVE COUNCIL**

To

1 The Chief Electoral Officer,
.....(State/Union Territory).

*2 The Returning Officer for the biennial/bye-election to the Council of
States/Legislative Council by Assembly -----

OR

*The Returning Officer for the biennial/bye-election from

**(Constituency) from the state of-----

Subject:- Election to Council of States/ Legislative Council
from.....(State/Union Territory) – Setting up of candidates.

Sir,

1- I hereby give notice on behalf of.....(party) –

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

at the ensuing Biennial/Bye-election to the Council of State/State Legislative Council :

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 on the approved candidate's nomination being rejected on scrutiny or on his withdrawing from the contest if substitute candidate 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. 2. 3. 4 Etc.					

2. * The notice in Form 'BB' given earlier in favour of Shri/Smt./Sushri.....as party's approved candidate, and Shri/Smt./Sushri.....as party's substitute candidate is hereby rescinded.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,

Place.....
Date.....

Name (in block letters)
and Signature of the authorized
Person of the party
(Name of the Party)
(Seal of the Party)

- * Strike out whichever is not applicable.
- ** Mention name of Graduates/Teachers/Local Authorities' constituency, as the case may be.
- *** Under this column mention name of the constituency, as 1. By Assembly Members, 2. Graduates' constituency, 3. Teachers' constituency, 4. Local Authorities' constituency, as the case may be.
- NB. 1.This must be delivered to the Returning Officer not later than 3. 00 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.
