

LIRA UNIVERSITY

P.O. Box 1035 Lira, Uganda

Tel: +256 -0414-694716 Web: www.lirauni.ac.ug

Email: denniscaxtonalegi@edu.lirauni.ac.ug



OFFICE OF THE ELECTORAL COMMISSION

NOMINATION FORM

In respect of the critical values of democracy and in accordance to Article 6.1, (a and b) of the Lira University Guild Constitution, this form is for any full member of the Guild to nominate a candidate for elections in the offices in Guild Leadership.

For a candidate to qualify for nominations he or she must have met the requirements quoted in the Election Roadmap and Constituencies guide laid by the Electoral Commission and must not be found guilty of the electoral offences as addressed in the **Article 9.7.1** of the Lira University Guild Constitution.

Candidates for nomination must follow this form critically and fill it in capital letters. He/She must come along with the Nominator, Proposer, Seconder and the two official Agents during the date scheduled for the nomination exercise as described in the roadmap.

Candidates must observe the following;

- 1. Have a confirmation for his registration status for this current semester from the Academic Registrar's office.
- 2. Have a stamped testimonial of his/her results updated to the current semester with a CGPA of 3.5 for the Guild President aspirants and 3.0 for other candidates from the Academic Registrar.
- 3. Carry along the University identity card on the day of nomination.
- 4. Presidents will pay a non-refundable fee of UGX: 200,000 and other candidates UGX: 75,000 on the nomination day.

WISHING YOU ALL THE BEST IN YOUR POLITICAL JOURNEY

PART 1

ELECTION NOMINATION FORM

We, the undersigned registered voters [guild members] of Lira University
hereby propose the under mentioned person as a candidate for election as
a
on the date
for the Academic Year 2025/2026 and we certify that to the best of our
knowledge and belief he is qualified to be elected for the position.
SECTION 1: PARTICULARS OF THE CANDIDATE. [USE BLOCK CAPITAL LETTERS]
First name:
Surname:
Other Names:Sex:
Registration Number:
Student Number:
Program:
Year of Study:
Semester:
Residence status [tick one]: Resident student/ Non-resident
Email Address:
Telephone Numbers: 1
2

SECTION 2: <u>PARTICULARS OF PERSONS MAKING THE</u> <u>NOMINATIONS</u>

	Name	YEAR	PROGRAM	REGISTRATION	SIGNATURE
		OF		NUMBER	
		STUDY			
PROPOSER					
SECONDER					

PART 2

Section 1: <u>APPOINTMENT OF OFFICIAL AGENT OF THE CANDIDATE</u>

									the position
at	Lira	Univer	sity	for	the	Academic	Y	'ear	2025/2026;
stude	ent regi	istered	for	the	current	semester	of	Lira	a University
on a									
I,									
Date									

PART 3: OATH AUTHENTICATING STATEMENT

I, solemnly affirm in
the name of the Almighty God that all the information about me and my official Agent
above are true to the best of my knowledge and belief. I also affirm that I have read and
understood the election procedures and offences as in the Article 9 of the Lira University
Guild Constitution and if am found guilty of breaching any of them: I will be legible to
undertake the punishment.
Date:
Signature
Before me;
Name: Signature: Date:
(CHAIRPERSON ELECTORAL COMMISSION)
PART 4: CONSENT TO NOMINATION AS CANDIDATE
I, do consent to my nomination as a Candidate for the position of:
at Lira University in the Academic Year 2024/2025 and I make this solemn statement
knowing and believing it is true.
Subscribed and solemnly declared by me at
Date:
Candidate's name Candidate's signature
Before me;
Name: Signature: Date:

(CHAIRPERSON ELECTORAL COMMISSION)

DECLARATION OF NOMINATED CANDIDATE

I,	
being the Chairperson of Lira Unive	ersity Guild Electoral Commission for the
Academic Year 2025/2026 pursuant t	o the Article 9, section 1, subsection a, of
the Lira University Guild Constitution	,
declare	•••••
duly nominated/ not duly nominated	l as a candidate to contest
for	
for Academic Year 2025/2026.	
Reasons why the candidate was not candidate was not duly nominated]	duly nominated [to be filled by Chairperson EC if the
1	
2	
3	
Chairperson Electoral Commission	Returning Officer
Name:	Name:
Signature:	Signature:
Official Stamp	
Date:	
Place:	
Tima	