



AFFIX PASSPORT SIZE
PHOTO

MACHAKOS UNIVERSITY

SAMU ELECTIONS NOMINATION FORM

SECTION A: PERSONAL DETAILS

Name _____

Registration number _____

Telephone number _____

School _____

Course _____

Current year of study _____

Gender Male [] Female [] *(Tick as appropriate)*

Attachments

1. Order of Name to be used during Elections
2. Copies of School Identity Card (certified by Registrar - ASA), National Identity Card or Waiting Card.
3. Certified Fee Statement (by Student Finance)

SECTION B: ACADEMIC QUALIFICATIONS.

Attach **CERTIFIED** copy of the most recent academic transcript. (Certified by Dean of School)

SECTION C: PAYMENTS

Position you are vying for:

Payment of **Non-refundable** nomination fee to the following Account:

Bank Name: National Bank – Machakos Branch

Bank Acc. No.: 01020078499401.

Account Name: Machakos University Operations Account

Please present the bank slip to Student Finance to get the official receipt.

S/NO	Position	Payment	Tick as appropriate
1.	Chairperson	Ksh. 2000	
2.	Vice-Chairperson	Ksh. 2000	
3.	Secretary General	Ksh. 2000	
4.	Treasurer	Ksh. 2000	
5.	Secretaries	Ksh. 1500	
6.	Special Programmes Secretary	Ksh. 1000	
7.	Speaker of Congress	Ksh. 1000	
8.	Clerk of Congress	Ksh. 1000	
9.	Delegate	Ksh. 500	

Attach the original receipt from the University Finance Office as proof of payment.

SECTION D: DECLARATION

I _____ Registration Number _____ declare that the information provided herein is true to the best of my knowledge.

Signature _____ Date _____

NB: All information submitted in your application is subject to scrutiny. Any false information will result to automatic disqualification.

FOR OFFICIAL USE ONLY

SECTION A: CHAIRPERSON OF DEPARTMENT

Do you recommend the candidate to be considered for position applied for?

Recommended

Not recommended *(tick as appropriate)*

If **NOT** recommended give reason(s).

SIGNATURE

DATE & STAMP

SECTION B: CHIEF SECURITY OFFICER

Do you recommend the candidate to be considered for position applied for?

Recommended

Not recommended *(tick as appropriate)*

If **NOT** recommended give reason(s).

SIGNATURE

DATE & STAMP

SECTION C: ADHOC COMMITTEE

Do you recommend the candidate to be considered for position applied for?

Recommended

Not recommended *(tick as appropriate)*

If **NOT** recommended give reason(s).

SIGNATURE
(Chairperson on behalf of the Committee)

DATE & STAMP

SECTION D: IECM

Based on the above clearance (Section A to C), the applicant:

Has no issues, thus cleared to vie for the position applied for

Has underlying issues thus not cleared to vie for the position applied for *(tick as appropriate)*

If **NOT** cleared give reason(s).

SIGNATURE
(Chairperson on behalf of IECM)

DATE & STAMP