**Annexure-I**

**GENERAL ELECTION TO LAI AUTONOMOUS DISTRICT COUNCIL, 2020**

**FORM OF NOTICE**

**REGARDING PERSON AUTHORIZED TO SIGN**

**DECLARATION OF CANDIDATE BY RECOGNISED POLITICAL PARTY**

To,

1) Secretary, State Election Commission, Mizoram.

2) The Returning Officer,

General Election to Lai Autonomous District Council, 2020,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Constituency.

**Subject : Authorisation of persons to sign notice nominating candidates set up by a recognized Political Party.**

Sir,

I am to inform you that the following persons have been authorized by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which is a recognized National Party/ State Party of the State of Mizoram, to sign the notice sponsoring candidates to be set up by the party at the General Election to Members of District Council under Lai Autonomous District Council, 2020:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yours faithfully,

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Party Seal)

**Annexure-II**

**GENERAL ELECTION TO LAI AUTONOMOUS DISTRICT COUNCIL, 2020**

**NOTICE AS TO NAMES OF CANDIDATES SET UP BY**

**THE RECOGNISED POLITICAL PARTY**

To,

1) The Secretary, State Election Commission, Mizoram.

2) The Returning Officer,

General Election to Lai Autonomous District Council, 2020,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Constituency.

**Subject : Notice regarding setting up of candidates in the General Election to Members of District Council under Lai Autonomous District Council, 2020.**

Sir,

I hereby give notice that the following persons have been set up by ………………………………………………………………… Party as its candidate(s) at the General Election to be held on the ……………………………………………. for election of Members of District Council as shown against each of the candidates:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

Yours faithfully,

Signature :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: (Name of the authorized person to sign the notice)

(Seal of the Party)