

FORM 'BB'

NOTICE AS TO NAMES OF CANDIDATES SET UP BY THE POLITICAL PARTY

For Use at Elections to the State Legislative Council

To

1. The Chief Electoral Officer, Andhra Pradesh, Hyderabad.
 2. The Returning Officer for the Biennial election to the Legislative Council by MLAs
- or**

*The Returning Officer for the Biennial election to the Legislative Council from **..... Graduates'/teachers'/Local Authorities' Constituency

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

Sir,

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 elections to the State Legislative Council:

Name of Constituency ***	Name of approved candidate	Name of the Father's/Mother's/Husband's Name of the 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 as party's substitute candidate is hereby rescinded.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,

Name in Capital Letters)
President / Secretary
(NAME OF THE PARTY)

Place.....

Date.....

Seal of the Party

* Strike out whichever is not applicable.

** Mention names of Graduates'/Teachers'/Local Authorities Constituency, as the case may be.

*** Under this column mention name of the constituency, as 1. By Assembly Member 2. Graduates constituency, 3.Teachers constituency, 4.Local Authorities constituency, as the case may be.

\$If more than one candidate is to be elected from the constituency.

- NB. 1. This must be delivered to the Returning Officer and Chief Electoral Officer not later than 3.00 p.m. on the lat date for making nominations.
2. Form must be singed 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.