







## Form for ELC / VAF

Name of institute/college/organization:	
Complete address:	
Name of assembly constituency:	
Name of district:	
Name of nodal officer:	
Designation of nodal officer:	
Contact number of nodal officer:	
E-mail id of nodal officer:	
Address of nodal officer:	
Pincode:	Signature of Competent Authority (Name & Designation

To be mailed at: elcceodelhi@gmail.com