

**FORM FOR WITHDRAWAL OF NOMINATION FROM ELECTIONS OF BOARD OF DIRECTORS**

[See rule 19J]

To,  
Returning Officer  
State Bank of India Supervising Staff Co-Operative  
Credit Society Ltd., Patna

1. Name of the multi-State co-operative society: **State Bank of India Supervising Staff Co-Operative Credit Society Ltd., Patna**
2. Society Address :State Bank Building, J.C. Road, Patna-800001
3. Name of the candidate in case of an Individual Member or name of the delegate and the member Co-operative Society or multi-State cooperative Society which he is representing :
4. Membership No. :
5. Father's/Mother's or spouse's name (in case of individual member) :
6. Address :
7. Date of submission of nomination form :

**CANDIDATES DECLARATION**

I....., s/o.....Membership No..... declare that I am willing to withdraw my nomination for election and that, to the best of my knowledge and belief I have not incurred any disqualification for membership of the board of State Bank of India Supervising Staff Co-Operative Credit Society Ltd. Patna, multi State co-operative society in terms of the Act, the rules made thereunder and the bye-laws of the multi-State cooperative society.

(Signature of the candidate)

**ENDORSEMENT BY THE RETURNING OFFICER**

This withdrawal Form was presented to me in person by \_\_\_\_\_/received by through Sri/Smt \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ hrs.

Place \_\_\_\_\_

Date \_\_\_\_\_

**Signature of Returning Officer  
Or person authorized by him.**