

**Schedule 4**  
**ISIPATHANA COLLEGE OLD BOYS' ASSOCIATION**

Specimen of  
Nomination Form for candidates contesting as Office Bearers  
as per **Clause 8.5.1** of the OBA Constitution

**A Nominee shall submit one nomination form only, either as an Office Bearer or as a Committee Member**

To :-

Joint Secretaries  
Isipathana College OBA  
Isipathana College  
Colombo 05

We wish to nominate ICOBA Member, whose particulars are given below, as an Office Bearer of Isipathana College Old Boys' Association.

1. Name of the Nominee (under line surname/last name):

.....

2. 2.1 Life Membership No of Nominee: .....

2.2 Date of Enrollment: .....

2.3. Post applied for (**Clause 7**): .....

2.4. Telephone No:

Home .....Mobile: .....

2.5. Email Address: .....

3. Details of Office bearers Post Held in the past:

Position Held	Session (Ex. 2023/2024)

I do hereby confirm that I am a member of the Isipathana College Old Boys' Association and have consented to being nominated as an Office Bearer of the Association and I do hereby confirm that the details I have submitted herewith are true and correct to the best of my knowledge. I am fully aware that my nomination shall be rejected if details submitted are found to be false.

3.1. Signature of the Candidate: .....

(Except Treasurer)

**3.2. To be completed by candidates who intend contesting for the office of Treasurer. (Please refer Clause No 8.7.4. of the Constitution stipulating eligibility criteria.**

3.2.1. Name of the professional body/University of which I am a member/graduate:

3.2.2. Date of enrolment as a member of the professional body:

I do hereby confirm that I am a member of the Isipathana College Old Boys' Association and have consented to being nominated as a Treasurer of the Association and I do hereby confirm that the details I have submitted herewith are true and correct to the best of my knowledge. I am fully aware that my nomination shall be rejected if details submitted are found to be false.

I attach an authenticated photocopy of the certificate of enrolment issued by the above professional body or University

3.2.3. Signature of the candidate for the office of the Treasurer: .....

**4. To be completed by the proposer of the Nominee:**

Proposed by:

4.1. Name: .....

4.2 Contact Details:

Mobile No ..... Email: .....

4.3 Address: .....

.....

.....

4.4 Life Membership No: .....

.....

4.5 Signature of Proposing Member

Date: .....

**5. To be completed by the seconder of the Nominee:**

Seconded by:

4.1. Name: .....

4.2 Contact Details:

Mobile No ..... Email: .....

4.3 Address: .....

.....

.....

4.4 Life Membership No: .....

.....

4.5 Signature of Seconding Member

Date: .....