

Nomination Form (editable pdf)

Surname of th	e Candidate:				
Other Names:					
Email:					
QID No:			Expiry Date:		
Nationality:			Profession:		
Company Nam	ne:				
Highest Qualif	ication:				
Name of the s	pouse:				
QID No. of the	e spouse:				
Are you a mer If yes, a resign		urrent PA/PC? be submitted alon	Yes / No ng with this form.		
Contact Numb Mobile No:	pers:		WhatsApp No:		
Residence:			Office:		
Details of st	udents				
S/N	Full Name of Students			Admission No:	Class/Grade
1					
2					
3					
4					
5					
6					
7					

Declaration

I certify that all details provided above by me are true and correct. If any of the information is found to be incorrect, I understand that my nomination shall be rejected and eliminated from the elections. I would like to serve in the Board of Directors of Stafford Sri Lankan School, Doha for the years 2025/2028 and place my name on the ballot paper for the election process. I understand the time and dedication required to carry out the duties as a member of the Board. I will be able to carry out both the responsibilities of my current employment and the duties in the Board of SSLSD. I agree to act in the position if elected abiding by the Constitution of School, Regulations and By-Laws of the School. I agree that the decisions made by the election committee will be final.

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