

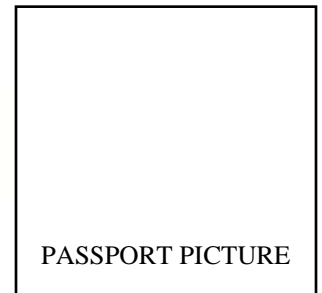


# **2023/2024 GUPS ASPIRANT NOMINATION FORMS**



# 2023/2024 GUPS ASPIRANT NOMINATION FORMS

## GHANA UNION OF PROFESSIONAL STUDENTS (GUPS)



### FORM A

#### PERSONAL INFORMATION

NAME:.....

(First Name)

(Middle Name)

(Surname)

DATE OF BIRTH: ...../...../..... PLACE OF BIRTH.....

DD MM YY

NATIONALITY:.....HOMETOWN:.....

REGION:.....DISTRICT/MINICIPALASSEMBLY:.....

CONTACT:.....GPS CODE :.....HOUSE NO:.....

E-MAIL: .....

INSTITUTION OF APPLICANT: ..... LEVEL: .....

INDEX NUMBER: .....

#### POSITION CONTESTING FOR ( PLEASE TICK ONLY ONE )

- PRESIDENT
- GENERAL SECRETARY
- TREASURER
- COORDINATING SECRETARY
- WOMEN'S COMMISSIONER
- PRESS & INFORMATION SECRETARY
- INTERNATIONAL RELATIONS SECRETARY
- PROGRAMS & PROJECT COORDINATOR
- FINANCIAL SECRETARY

# FORM B

## ENDORSEMENT BY INSTITUTIONAL HEADS

### (BY ADMINISTRATIONAL SECRETARY FROM INSTITUTION)

I CERTIFY THAT MR. /MISS: ..... IS OFFICIALLY KNOWN TO THE SCHOOL, I THEREFORE ENDORSE HIM/HER FOR THE POSITION OF .....IN GHANA UNION OF PROFESSIONAL STUDENTS (GUPS)

NAME:.....

POSITION:.....

CONTACT(S):.....

SIGNATURE/STAMP:.....

### (BY A DEAN FROM YOUR INSTITUTION )

I CERTIFY THAT MR. /MISS: .....IS OFFICIALLY KNOWN TO THE SCHOOL, I THEREFORE ENDORSE HIM/HER FOR THE POSITION OF .....IN GHANA UNION OF PROFESSIONAL STUDENTS (GUPS)

NAME:.....

POSITION:.....

CONTACT(S):.....

SIGNATURE/STAMP:.....

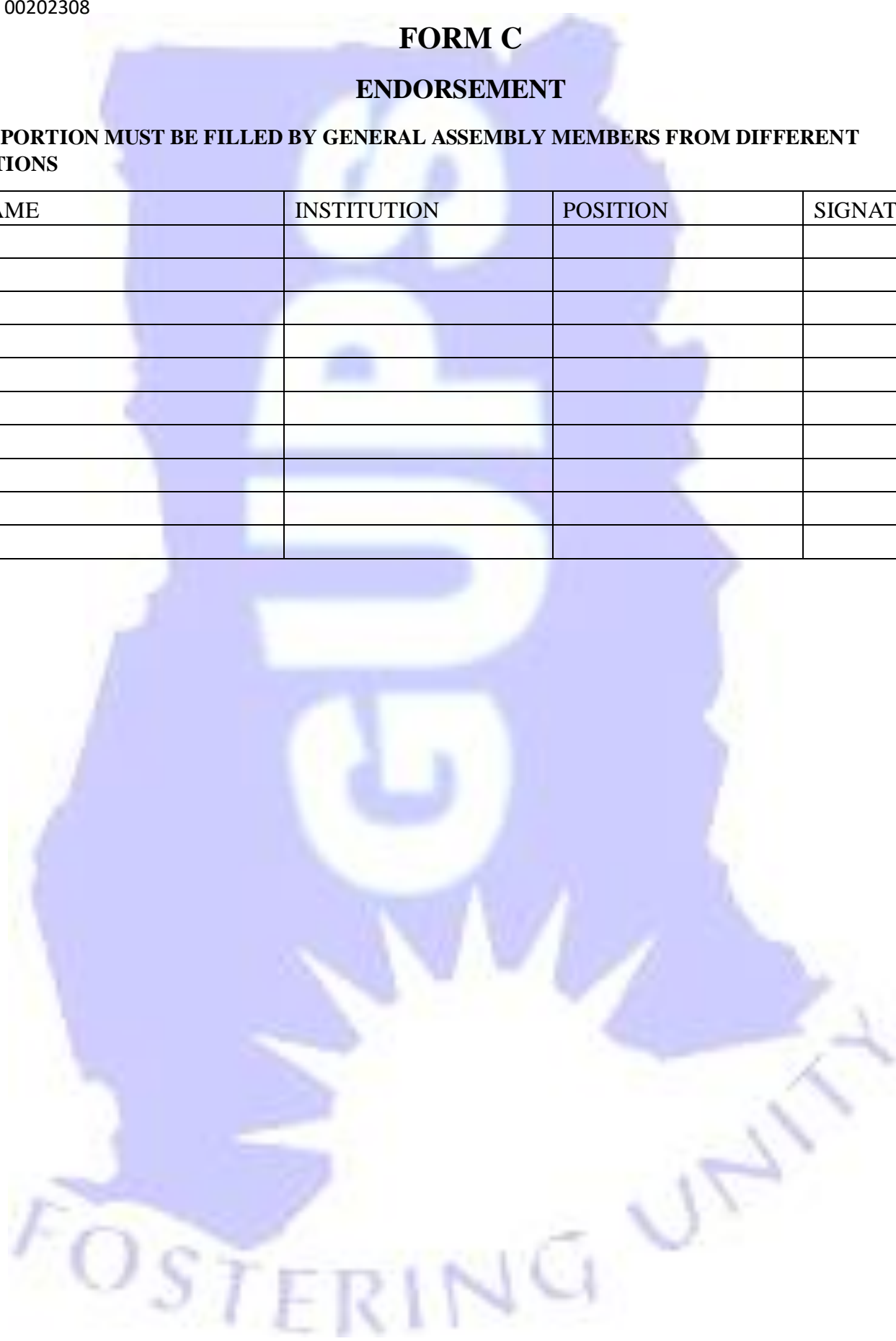


# FORM C

## ENDORSEMENT

**NB: THIS PORTION MUST BE FILLED BY GENERAL ASSEMBLY MEMBERS FROM DIFFERENT INSTITUTIONS**

SN	NAME	INSTITUTION	POSITION	SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



## FORM D

### ACTION PLANS FOR GUPS

NO.	APPLICANT ACTION	BENEFIT(S) TO GUPS
1		
2		
3		
4		
5		





**FORM E**  
**ASPIRANT DECLARATION**

I..... (Full Name of Aspirant) do hereby declare that I take full responsibilities for all the information contained in this document and any others attached to it, to this end I accept to bear all the consequences emanating from the said information.

I have read all the contents of this document and have understood it fully and will submit myself to it.

I declare that the information contained in this document and others attached to it are true, accurate and complete.

I do also understand that, any false and/ or incomplete information found in this document or any attached to this document could lead to the rejection of my forms and/ or nullification of my participation in the intended GUPS Elections.

I do also declare that I have read the GUPS constitution and know the provisions. I am privy to the roles and responsibilities for the position I wish to contest for in GUPS as a National Officer.

SIGNATURE OF APPLICANT: .....

DATE: .....





**FOR OFFICE USE ONLY**

<b>ELECTORAL COMMISSIONER</b>	<b>VETTING COMMITTEE CHAIRMAN</b>
NAME:.....	NAME:.....
SIGNATURE:.....	SIGNATURE:.....
DATE:.....	DATE:.....
TIME:.....	TIME:.....

**NB:**

1. ALL ASPIRANTS ARE TO SUBMIT THEIR FORMS TO THE ELECTORAL COMMISSIONER AND SEND A SOFT COPY TO THE UNION'S EMAIL.
2. ALL ASPIRANTS CONTESTING FOR THE POSITION OF PRESIDENT, SECRETARY, WOMEN'S COMMISSIONER, PRESS AND INFORMATION ARE TO ADD A COPY OF BOTH THEIR TRANSCRIPT AND STUDENT ID LIKEWISE, OTHERS ARE TO SUBMIT ONLY THEIR STUDENT AND NSS ID.
3. ALL ASPIRANTS ARE TO PROVIDE A LETTER OF RECOMMENDATION FROM THEIR INSTITUTION.
4. ALL ASPIRANTS ARE TO PROVIDE A COPY OF THEIR PAYMENT RECEIPT.

