

ANNEXURE-I

बिहार राज्य मत्स्यजीवी सहकारी संघ लि०

(The Bihar State Co-operative Fisher's Federation Ltd./COFFED)

Performa for Nomination of Delegate to the Special General Body of COFFED

1. Name of the Member Institution; -----प्रखण्ड मत्स्यजीवी सहयोग समिति लि०,
समिति का नाम:
2. Address of the Member Institution:
समिति का पूरा पता:
3. Name and address of the delegate:
प्रतिनिधि का नाम एवं पूरा पता:.....

Name of the Delegate प्रतिनिधि का नाम	Designation (Chairman/Chief Executive/Director)/Administrat or held by the delegate प्रतिनिधिका पदनाम(अध्यक्ष, मंत्री, प्रबंधकारिणी कमिटी सदस्य, मुख्य कार्यपालक, प्रशासक)	Address of the Delegate प्रतिनिधि का पता	Specimen signature of the delegate duly attested (with photograph) प्रतिनिधि का हस्ताक्षर/अंगूठे का नमूना फोटो सहित
			Signature attested (Name & designation of the person attesting the signatures)

4. Nominated vide *Resolution No. Dated :.....-09-2022 of the **Management Committee** (name of the nominating body i.e General Body/Board of Director/Executive Committee etc.)

Signature of the **Chairman**/Secretary/Managing Director/
Chief Executive Officer/Administrator of the Institution

Seal of Institution
Date :09.2022

(*Please enclosed a certified copy of the fresh resolution).

\\PC-33\Drive-D\File-A\A-117\2022\Nomination Performa.