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|  | *Self- Nomination Form* | |  |  |
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|  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Please complete and send this form to the election committee before *August 17, 2025.*  By submitting this form candidate agrees with the KCNS election guidelines 2025, published on KCNS website <https://kcnepali.org/mission-vision> | | | | | | | |  |  |  | | | | | | *Today’s Date* |  | *Candidate Full Name (as it appears in your valid ID)* | | | | | |  | | |  |  | | | | *KCNS Member ID (Optional)* | | |  | *Do you have Any Other Name?* | | | |  |  |  |  |  | | | | *Position you are applying for* | | |  | *Your Email Address for future correspondence* | | | |  | | | | |  |  | | *Candidate Signature (You may PRINT your Name)* | | |  | *Fee Paid Amount?* |  | *Phone #* | |  | | |  |  |  |  | | Do not fill below. For Election committee internal use only. | | | | | | | |  | | | | | | | |  | | |  |  | | | | *Approved or Not Approved* | | |  | *Verify Membership Date / Active / Fee Paid?* | | | |  | | | | | | | | *If NOT Approved, Explain Why* | | | | | | | |  | | | | |  |  | | *Is candidate Notified?* | | |  |  |  | *Decision Date* | | |  |