**CDSC-2023-0001**

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Picture

**COLLEGE OF DENTISTRY: COMELEC**

**APPLICATION FOR CANDIDACY**

**STUDENT COUNCIL ELECTOION 2023**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_ Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Surname First Name M.I.

Course/Section: \_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_

Institutional Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applied For:

( ) Student Council: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) ISC Representative

Political Party Affiliation:

( ) Independent ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Political Party

Candidacy Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WILL APPEAR IN THE BALLOT**

I further declare the following:

1. I am bonafide student of De La Salle Medical and Health Sciences Institute-College of Dentistry.
2. If elected as an officer of the Student Council/ ISC Representative, I will not run for any elective or appointive major position in the institute-based organizations during by incumbency.
3. I fully understand the task expected of me in the position I am applying for.

Signed on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_.

Noted: **Arvin B. Laguna, DDM, PhD, FICD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Council / COMELEC Adviser Applicant**

(Signature over Printed Name) (Signature over Printed Name)

NOTE: Kindly attach a copy of COR to this form upon submission in the College of Dentistry Office