

SCHEDULE – III

Form for proposing a candidate for selection as the District Governor Nominee.

01. The Rotary Club of In its regular Meeting held onhas resolved that the Name of Rtn.....be proposed to the District nominating committee as Governor Nominee for the year 2017-18
02. We the president and secretary of the Rotary club of Certify that the club has No outstanding indebtedness to R.I, The Rotarian proposed for the nomination by this club is a member in good standing of the club and meets the requirements of District Governorship as per the provisions of Rotary International Bye-laws.
03. We also confirm that he did not accepted any dist post in district and not opted as resource person in the dist event during 2014-15
04. The Statement as per Schedule IV of the Rotarian proposed for selections for Governor Nominee is enclosed here with in the required format (14 copies) and to the best of our knowledge and belief the bio-data is true and correct.

Date :

Secretary.

Undertaking by the candidate for DGN

I declare and certify that I have read, understood, accepted and agreed to be bound by the provisions of Article X No. 10.060, of the RI bylaws regarding campaigning and canvassing to elective position in RI.

Date :

Signature of Candidate

SCHEDULE – IV

Statement of bio-data of DGN candidate for submission to the Nomination committee, through Governor.

01. Name
02. Classification or former classification
03. Club
04. Date of Joining
05. If member of other Rotary Clubs previously, details of such membership and offices held.
06. Office held in the club up to : year/office held :
07. Details of club achievements during your Presidentship
08. Office held in the District achievements.
09. Attendance and participation at Rotary conferences and Meets. (District assembly, intercity forum, Rotaract and Interact conference, etc.)
10. Name of spouse (if married) Confirm that I have her/his full support
11. Article written on Rotary :
Name of publication Year.....subject
12. a) Personal Bio data
b) Brief details of civic, social, cultural or similar activities.
13. The details given above are correct to the best of my knowledge and I have Understood all the conditions of my candidature.
14. Fourteen copies of this statement have been enclosed and duly signed.

Date :

Signature

Note :

01. Separate sheet may be used to provide the details required with the candidate signature.
02. Spouse's Confirmation shall accompany the statement at SL.No. 10 of Schedule IV.
03. The signed declaration of DGN candidate as required under 10.060 of Article X of the RI Bylaws and as prescribed under Schedule III hereunder shall accompany the Form of application for DGN candidate.
04. For all other matters which do not find place here, as to the nominations and elections to the office of the Governor, Article X and Article XIII of RI Bylaws are applicable.



Form H : Governor-nominee Data Form

District Governor candidate : Please complete and sign this form, have your secretary sign it, and submit it to the district nominating committee.

Governor year of service _____ District _____ Zone _____

Family name _____ First name _____

Middle initial _____

Call name as it should appear on your badge _____

Male Female Single Spouse/Partner Widowed Divorced

City, country, and year of birth _____

Member, Rotary Club of _____

(official name of club, including country)

RI membership ID number _____ Year you first joined Rotary _____

Current (or former, if retired) classification _____

Current (or former, if retired) firm _____

Current (or former, if retired) position _____ If retired, year of retirement _____

Per RI Bylaws 15.070.3, a qualified Rotarian must have served a full term as club president, or as charter president from the date of charter to 30 June (six month minimum), at the time of nomination.

Rotary club (s)	Length of membership	Rotary year served as president
_____	_____ Years	_____ - _____
_____	_____ Years	_____ - _____

Phone <i>(include country/city or area codes)</i>	Fax <i>(include country/city or area codes)</i>
Residence _____	Residence _____
Business _____	Business _____
Mobile _____	

E-mail address (RI's preferred mode of contact for correspondence and publication in *Official Directory* and *International Assembly Participants books*) _____

Preferred mailing address*

*If this address is a post office box, please provide an alternate address for courier delivery.

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Country _____



Form H

Alternate mailing address

Line 1 _____
 Line 2 _____
 Line 3 _____
 Line 4 _____
 Country _____

Language Preferences

Language(S) you wish to use for communicating with RI (listed in order of fluency):

Read _____ Speak _____

For each of the following, please choose *one* only:

International Assembly sessions

English French Japanese Korean Portuguese Spanish

Rotary publications produced in 6 languages

English French Japanese Korean Portuguese Spanish

Rotary publications produced in 9 languages

English French German Italian Japanese Korean
 Portuguese Spanish Swedish

Rotary publications produced in 14 languages

Arabic Chinese English Finnish French German Hindi
 Italian Japanese Korean Portuguese Spanish Swedish Thai

Personal History (please do not use abbreviations)

Social/Civic Organizations:

Organization	Office	Dates Office Held	Dates of Membership
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Business/Professional

Organizations: Organization	Office	Dates Office Held	Dates of Membership
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Recent Career History :

Firm	Position	Dates Position Held
1. _____	_____	_____
2. _____	_____	_____

Hobbies :

Activity

- 1. _____
- 2. _____



Form H

Spouse/Partner Information (if applicable)		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Family name	First name	Middle initial
Name as it should appear on your badge		
Phone	E-mail	Fax
Language fluency for International Assembly discussion (<i>choose one</i>) :		
<input type="checkbox"/> Chinese	<input type="checkbox"/> English	<input type="checkbox"/> French
<input type="checkbox"/> German	<input type="checkbox"/> Hindi	<input type="checkbox"/> Italiana
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Spanish	<input type="checkbox"/> Swedish	
Language preference for RI mailings (<i>choose one</i>):		
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Spanish
For Rotarian spouses only:		
Spouse/Partner ID number _____		
Member, Rotary Club of _____	Highest office held _____	
<i>(Official name of club, including country)</i>		

Photos

If you are selected as governor - nominee, RI will need a head-and-shoulders photograph of you and of your spouse (individually, not as a couple) for the *Interational Assembly participants* book. **Digital Photos in high-resolution. jpg format are preferred.** E-mail your photo, along with your full name, district number, and the Rotary year in which you will serve, to **dgn. photo@rotary.org**. Photos are due by 30 June.

If you choose to submit a hard-copy photograph, it must measure at least 4x5 in./10x12.5 cm. The photo with your full name, district number, and the Rotary year in which you will serve clearly printed on the back **must** be submitted with this form.

Please indicate how your photos are being submitted:

- Digital photos e-mailed to dgn.photo@rotary.org
- Hard-copy photos attached (**do not staple** photo to this form)



Form H

All signatures on this page must be handwritten (electronic signatures are not acceptable)

CONDIDATE'S STATEMENT

I hereby state that I understand clearly the qualifications, duties, and responsibilities for the office of district governor as set forth in the RI Bylaws and that I am fully qualified for said office and willing and able, physically and otherwise, to assume and full fill the duties and responsibilities of that office and to perform them faithfully. Further, I have read and agreed abide by the district governor code of ethics, as detailed in the Rotary Code of Policies. I agree in advance to accept the decision of the RI Board concerning my election to office without recourse to any non-Rotary agency or other dispute resolution system and further accept that any court costs and attorney's fee incurred by RI in enforcing this agreement shall be reimbursed by me in their entirety. I understand that if selected, I must attend, for their full duration, the governors-elect training seminar in my zone and the Internation of Assembly to be held the Rotary year before taking office. I have read this form in its entirety and certify that all the information provided on this form is true and correct.

Date

Signature

CLUB'S STATEMENT OF CANDIATE'S QUALIFICATIONS

The candidate herein mentioned is a member in good standing for the Roatary Club of _____ The club further attests that this member has been duly suggested for the office of district governor under RI Bylaws 13-02-04 and meets the qualifications as specified in RI Bylaws 15.070 and that the club membership information on this form is accurate.

Date

Club secretary's Name

Club Secretary's Signature

CERTIFICATE OF DISTRICT NOMINATING COMMITTEE

The undersigned members of the District _____ Nominating Committee hereby certify that the candidate whose name appears on this form, to the best of the committee's knowledge, has not violated by of the rules on campaigning, electioneering, or canvassing as stipulated in RI Bylaws 10.060. (If the committee has more than five members, please attach a separate list.)

Names	Signatures
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Names	Signatures
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CERTIFICATE OF NOMINATION

The Rotarian named on this form is a member in good standing in good standing of the Roatary club listed and was duly nominated for district governor in accordance with the provisions of the RI Bylaws

Date

Club secretary's Name

Club Secretary's Signature

District governor : Please mail, fax, or e-mail all pages of this form, including any additional sheets or photos, to your CDS representative by 30 June.