To,		
	The Secretary	
	Delhi Legislative Asse	embly
	Old Secretariat,	
	Delhi.	
Subject	: Withdrawal of Nomina	ation.
Sir,		
,	Please refer to my N	Nomination Form for Committee on Public
Accounts.		
I hereby withdraw the above and hence the Nomination Form may be treated withdrawn and cancelled.		
Date: _		Signature of MLA:
		Name of MLA:
		Constituency No: