

Form "I"

Book No.

Book No.....

Serial No.

Serial No.

Chhattisgarh State

Chhattisgarh State

Medical

Medical

Council Office, Raipur

Council Office, Raipur

Dated the

Dated the

Received Form

Received Form

The sum of Rs.

The sum of Rs.

On account of

On account of

Chhattisgarh Medical Council

Form "III"

(Election under section 4(1)(a) of the Chhattisgarh Medical Council Act,1987)

Note- This nomination paper shall not be valid unless it is delivered to the Returning Officer at the office of the Chhattisgarh Medical Council, Raipur, Before 3 P.M. on or **before 16-12-2019**

- 1- Name and surname of candidate
- 2- Father's Name, with surname
- 3- Address and appointment, if any
- 4- Nature of registered Qualification(s)
- 5- Registration Certificate No.
- 6- S.No. On Electoral Roll
- 7- Name and Surname of proposer
- 8- Serial No. of Proposer on
- 9- Nature of registered Qualifications
- 10- Registration Certificate No.
- 11- Signature of the proposer
- 12- Name and surname of the seconder
- 13- Serial No. of the seconder on the Electoral Roll
- 14- Nature of registered Qualifications
- 15- Registration Certificate No.
- 16- Signature of the seconder

I, the candidate for nomination, thereby declare that I am a person whose name is registered in the register maintained under section of the Act and I, am willing to stand for election under section 4(1)(a) of the Chhattisgarh Medical Council Act,1987

Signature of the Candidate.

Address

Mob;-

Note: Please note that candidate and his proposer and seconder must be registered in the Chhattisgarh Medical council Act under subsection (3) of section (11) of Chhattisgarh medical council Act . The proposer and seconder should be present with the applicant along with copy of their Chhattisgarh medical council registration at the time of submission of nomination.

Certificate of Delivery

This nomination paper was delivered to me at hour on the

Returning Officer

CERTIFICATE OF SCRUTINY

I have scrutinized the eligibility of the candidate, the proposer and seconder and decide as follows:-

Note:- An intending candidate may propose his own nomination paper in this form.

Chhattisgarh Medical Council

Form "IV"

VOTING PAPER

COUNTERFOIL

Serial No.

(The counterfoil should be filled up before dispatch of ballot papers to electors and retained by the Registrar in his own custody after dispatching foil for dispatch)

(Election under section 4(1)(a) of the Chhattisgarh Medical Council Act, 1987)

Particulars of Elector

- 1- Name and surname of elector
- 2- Father's name, with surname
- 3- Address and appointment any
- 4- Nature of registered qualification(s)
- 5- Serial No. in the Register
- 6- Serial No. of Voting Paper sent to the Elector.

**This number should, be inserted in the appropriate place on the voting paper before dispatching the voting paper to elector.

CHHATTISGARH MEDICAL COUNCIL

FOIL

Serial No.

Election under Section 4 (1) (a) of the Chhattisgarh Medical Council Act, 1987

S. No.	Name of duly nominated Candidate	Cross
(1)	(2)	(3)

Returning Officer

INSTRUCTIONS

- (1) The number of vacancies to be filed is,.....
- (2) Each elector has Vote/ Voters,
- (3) He shall vote by placing mark opposite the name/names of the candidate/candidates whom he prefers.
- (4) The voting paper shall be invalid if the mark X is placed opposite the names of more Candidates than there are seats to be filled or if the mark is so placed as to render doubtful 10 is intended to apply which candidate it is intended to apply .
- (5) If an elector fills in more than one voting paper, all votes recorded by him shall be invalid.

- (6) After recording his vote on voting paper, the elector shall place it in cover A and then seal the Cover he shall place cover A long with the declaration in another Cover B and seal the letter. He shall then enclose the Cover b Containing the smaller cover A and the declaration paper in the outer cover C addressed to the Returning Officer and send the same to him by registered post or through messenger so as to reach him not less than 5 P.M. on the date fixed for the closure of the poll.

CHHATTISGARH MEDICAL COUNCIL

FORM V

ELECTION

(Under Section 4 (1) (a) Chhattisgarh Medical Council Act, 1987)

Serial No,

Elector name

No, on the Election Roll.....

I (name in full) declare that I am an elector for the election of a member to the Chhattisgarh Medical Council by the electorate under Section 4 (1) (a) Medical Council Act, 1987 and that I have signed no other voting papers at this election.

Station

Signature

Dated

Designation if any

Address.....

CHHATTISGARH MEDICAL COUNCIL

FORM VI

Cover A

Voting Paper

Election of Members

(Under Section 4 (1) (a) the State Medical Council Act, 1987)

CHHATTISGARH MEDICAL COUNCIL

FORM VII

Cover B

Election to the Chhattisgarh Medical Council Cover containing

Cover A and D the declaration paper.

CHHATTISGARH MEDICAL COUNCIL

FROM VIII

Cover C

Postage,

Selection of Member to Chhattisgarh State Medical Council

Sr. No. of Elector.....

Name of Elector.....

Signature of Elector.....

To,

The Returning Officer

Chhattisgarh State Medical Council,

