

**FORM No. I**

Nomination paper (See Rule 11)

Election under clause I of sub-section (1) of section 3 of the Indian Medical Council Act, 1956

1. Name of candidate .....
2. Father's name .....
3. Age .....
4. Nature of qualification .....
5. Registered number in the state Medical Register .....
  
6. Address .....
7. Signature of proposer .....
8. Registered number of proposer in the State Medical Register .....
9. Signature of seconder .....
10. Registered number of seconder in the State Medical Register .....

Declaration by the candidate

I hereby declare that I agree to this nomination.

Signature of the candidate

This nomination paper was received by me at \_\_\_\_\_ hour on the \_\_\_\_\_ (Date).

Returning Officer

**Instructions**

2. Nomination papers which are not received by the Returning Officer before (hour) on the \_\_\_\_\_(date) will be invalid.

2. The names of the proposer and seconder, as they appear in the State Medical Register and their registered qualifications should also be clearly written below their respective signatures.