

FORM 3

(See Rule 8)

Form of nomination paper

Election to the Goa Medical Council, Panaji

(To be filled in by the candidate)

I hereby offer my candidature for the election to Goa Medical Council. I further declare that I shall work for Goa Medical Council if elected.

Date.....

.....

(Signature of Candidate)

(To be filled by the Proposer)

I hereby nominate.....as a candidate for the forthcoming election to the Goa Medical Council.

- 1. Full name of candidate.....
- 2. Full Postal address of the candidate.....
- 3. Serial number of candidate in the electoral roll.....
- 4. Full name of proposer.....
- 5. Full Postal address of proposer.....
- 6. Serial number of proposer in the electoral roll.....

Date.....

Signature of Proposer

(To be filled in by the Seconder)

I second the above nomination.

- 1) Full name of seconder.....
- 2) Full postal address of seconder.....
- 3) Serial number of seconder in the electoral roll.....

Date.....

Signature of seconder

(To be filled by the Returning Officer)

Serial No. of nomination paper.....

This nomination paper was delivered to me at my office..... (Hour) on..... (Date).

Date.....

.....

Returning officer

Decision of returning officer accepting or rejecting the nomination paper.

I have examined this nomination paper in accordance with the provisions of the Goa Medical Council Rules, 1995, and decided as follows:-

Date.....

.....

Returning Officer