

**FORM-10**

(See Rule 41 (b))  
Arunachal Pradesh Medical Council

**Nomination Paper**  
Election to the Arunachal Pradesh Medical Council

**(To be filled up by the Candidate)**

Bank Draft No. \_\_\_\_\_ Date \_\_\_\_\_

Amount : Rs.1000/- ( Rupees One Thousand ) only in favour of  
“Arunachal Pradesh Medical Council” payable at “ Naharlagun ”

Affix recent  
passport size  
photograph

I am a registered practitioner of the Arunachal Pradesh Medical Council under Registration No....., and hereby offer my candidature for election as Member of Arunachal Pradesh Medical Council. I further declare that I shall work for Arunachal Pradesh Medical Council if elected.

- 1 Name of the Candidate (in block letters) :  
(As it appears in the Arunachal Pradesh Medical Council Registration Certificate.)
- 2 Father’s Name :
- 3 Sex :
- 4 Age :
- 5 Present Occupation :
- 6 Postal Address of the Candidate :

Date: \_\_\_\_\_ **Signature of the Candidate**  
.....

**(To be filled by the Proposer)**

I hereby propose Dr..... as a candidate for the forthcoming election to the Arunachal Pradesh Medical Council.

- 1 Name of the Proposer (in block letters) :  
(As it appears in the Arunachal Pradesh Medical Council Registration Certificate)
- 2 Postal Address of the Proposer :
  
- 3 Proposer’s Registration No. in the Arunachal Pradesh Medical Council :

Date..... **Signature of the Proposer**  
.....

**(To be filled by the seconder)**

I second above nomination

- 1 Name of the Seconder (in Block letters) :  
(As it appears in the Arunachal Pradesh  
Medical Council Registration Certificate.)
  
- 2 Postal Address of the Seconder :
  
  
  
  
  
  
  
- 3 Seconder's Registration No. in the Arunachal :  
Pradesh Medical Council

Date.....

**Signature of the Seconder**

.....

**(To be filled by the Returning Officer)**

Serial No. of nomination paper .....

This nomination paper was delivered to me at my office on.....

Date:-.....

**(Returning Officer)**

Decision of Returning Officer

**(Returning Officer)**

Date.....

**INSTRUCTION**

(i) Nomination papers which are not received by the Returning Officer before.....1400 Hrs.....(hour) on the **15<sup>th</sup> October, 2018 (Monday)** shall be rejected.

(ii) The names of the proposer and seconder as they appear in the State Register of Arunachal Pradesh Medical Council and their registered number shall be clearly written below their respective signature.

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**(for office use only)**

Received the nomination paper.

Signature of Returning Officer.....

Name .....

Date.....

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