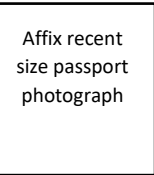


**NAGALAND MEDICAL COUNCIL
KOHIMA: NAGALAND**

**Form – 10
Nomination Paper**

(To be filled by the Candidate)



Bank Draft No/Cash..... Date.....

Amount.....

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

1. Name of the Candidate (in block letter):
(As it appears in the Nagaland Medical Council certificate)
2. Father's name:
3. Sex:
4. Age:
5. Present address:
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 Nagaland Medical Council.

1. Name of the Proposer (in block letter):
(As it appears in the Nagaland Medical Council certificate)
2. Postal address of the Proposer:
3. Proposer's registration No. in the Nagaland 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 Nagaland Medical Council Registration Certificate)
2. Postal address of the Seconder:
3. Seconder's registration No. in the Nagaland Medical Council:

Date.....

Signature of the Seconder

(To be filled by the Returning Officer)

Serial No. of Nomination paper:

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

Decision of Returning Officer.....

Date.....

(Returning Officer)

INSTRUCTION

- i. Nomination papers which are not received by the Returning Officer before..... (hour) on the shall be rejected.
- ii. The names of the Proposer and Seconder as they appear in the State Register of Nagaland Medical Council and their registered number shall be clearly written below their respective signature.

(For office use only)

Received the nomination Paper

Signature of the Returning Officer

Name:

Date: