

**FORM III**  
**(Vide Rule 14(2))**  
**Nomination Paper**

Sr. No.....

Counterfoil

Name and address of the candidate \_\_\_\_\_

Serial No. on electoral Roll: \_\_\_\_\_

Date of Dispatch \_\_\_\_\_

Initial of Dispatching officer \_\_\_\_\_

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**FORM III**  
**(Vide Rule 14(2))**  
**Nomination Paper**

Sr. No.....

Name of Candidate \_\_\_\_\_

Qualifications and dates thereof:

Sr. No.	Qualification	Regn. No.	Date
1			
2			
3			

Address: Office \_\_\_\_\_

Residence \_\_\_\_\_

Contact: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Serial number of the candidate on the electoral roll \_\_\_\_\_

Proposer	Regn. No.	Electoral No.	Signature

Seconder	Regn. No.	Electoral No.	Signature

**DECLARATION BY CANDIDATE**

I hereby declare that I agree to this nomination.

Date \_\_\_\_\_

Signature of the Candidate

Note :- This nomination paper will not be valid unless it is delivered to the Returning Officer at office of Punjab Medical Council, Medical Education Bhawan, Sector-69, Mohali between the on or before 11:00 Hours to 17:00 Hours.

\_\_\_\_\_  
**Certificate of delivery**

Sr. No.....

The nomination paper was delivered to me at office at (date & hour) \_\_\_\_\_

Date.....

Returning Officer