



**FORM -8**

(See Rule 51 (b))

Manipur Medical Council

**Nomination Paper**

Election to the Manipur Medical Council

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

Affix recent  
passport size  
photograph

Bank Draft No. .... Date .....

Amount .....

I am a registered practitioner of the Manipur Medical Council under Registration

No. ...., and hereby offer my candidature for election as Member of Manipur Medical Council. I further declare that I shall work for Manipur Medical Council if elected.

1. Name of the Candidate (in block letters) :  
(As it appears in the Manipur 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 Manipur Medical Council.

1. Name of the Proposer (in block letters) :  
(As it appears in the Manipur Medical Council Registration Certificate)

2. Postal Address of the Proposer :

3. Proposer's Registration No. in the :  
Manipur 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 Manipur Medical Council Registration Certificate).
2. Postal Address of the Seconder :
3. Seconder's Registration No. in the :  
Manipur 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

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 Manipur Medical Council and their registered number shall be clearly written below their respective signature.

**(for office use only)**

Received the nomination paper.

Signature of Returning Officer.....

Name .....

Date .....