

UNIVERSITY OF DELHI

NOMINATION PAPER

Office for which the election is sought

University's representative on the Dental Council of India, New Delhi, as per provisions of Section 3(d) of the Dentists Act-1948 and Regulation No. 24 of the Dental Council (Election) Regulations, 1952.

1. Name (in full) of the candidate nominated _____
2. Age _____
3. Nature of qualification and Registration No. _____
4. Designation (if any) and address of the candidate

5. Serial No. in the list of member/s of Faculty of Medical Sciences _____
6. Name (in full) of the Elector who proposed nomination _____

Designation (if any registered qualification) & address of the proposer _____

Serial No. in the Electoral Roll _____

Signatures of the Proposer _____
Date _____
7. Name (in full) of the Elector who seconds the Proposer _____

Designation (if any registered qualification) and address of the Seconder _____

Serial No. in the Electoral Roll _____

Signatures of the Seconder _____
Date _____

DECLARATION BY THE CANDIDATE

I agree to be a candidate for the election as proposed and seconded above.

Date: _____

(Signature of the candidate)

Place _____

NOTE: A nomination paper which does not comply with the formalities noted above will be rejected.

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WITHDRAWAL FORM

I withdraw my candidature from election to the **Dental Council of India**

Name _____

Place _____

Date _____

Time _____

(Signature of the Candidate)

Attested by:

Name _____

Designation _____

Signature _____

Note: - The withdrawal should be attested by a member of the Court of the University.