

FORM 1
NOMINATION PAPER (AYURVED)
(See Rule 8)
Election under clause (a) of sub-section(1) of Section 3 of the
Indian Medicine Central Council Act, 1970

1. Name of the candidate
(Surname) (First Name) (Father's Name)
2. Father's Full Name
3. Age
4. Qualification in Ayurved as per Council Records
5. Registration number in the State Register of Maharashtra council of Indian Medicine.....
6. Residential Address (please attach proof of residence in Maharashtra)
.....
.....
7. a) Signature of the Proposer
b) Name of the proposer
c) Registration number of Proposer in the State Register of Indian Medicine.....
8. a) Signature of the Seconder.....
b) Name of the seconder
c) Registration number of seconder in the State Register of Indian Medicine.....

Declaration by the candidate

I hereby declare that I agree to this nomination.

Signature of the candidate

This nomination paper was received by me athour on(date)

Returning Officer

INSTRUCTIONS

1. Nomination papers which are not received by the Returning Officer before 5.00 P.M. on the 31st March 2015 shall be rejected.
2. The names of the proposer and seconder, as they appear in the State Register of Indian Medicine and their registered qualifications shall be clearly written below their respective signature.
3. Candidate, seconder and proposer should provide attested copy of MCIM Registration certificate and any one of the Govt. issued residence photo ID with signature proof like PAN card, Passport, Driving license .
4. The name and address on ID proof and MCIM records should be same. In case of female candidate, marriage certificate/gazette notification for change in name shall be required if the discrepancy is due to marriage.