

**Karnataka Medical Council Election-2019-20**  
**FORM II**

{See Rule 9(1)}

**Nomination paper**

(Medical Practitioners Constituency and Teachers Constituency)

Election under clause (a) of sub-section (2) of section 3 of the Karnataka  
Medical Registration Act, 1961

1.	Name of the Candidate	
2.	Father's Name	
3.	Age	
4.	Qualification	
5.	Registration certificate number	
6.	Address	
7.	Constituency	
8.	Proposer Name and Signature (Registration certificate number)	
9.	Secunder Name and Signature (Registration certificate number)	

**Note:** Proposer and Secunder should have their names in eligible voter list of respective constituency, they only sign in the nomination paper. Then otherwise nomination paper will be rejected.

**DECLARATION BY THE CANDIDATE**

I here by declare that I agree to this nomination.

Signature of the candidate.

\_\_\_\_\_  
(For Returning / Election Officer's use only)

This Nomination paper was received by me at.....{Hour on date}

Returning / Election Officer

-----District

## INSTRUCTION

1. Nomination paper which is not received by the Returning / Election Officer before 5.00 PM..(time) of Date:10.01.2020 (date) will be invalid.
2. The names of the proposer and seconder as they appear in the election rolls, their registered qualifications and registration certificate numbers should also be clearly written below their respective signatures. If not the nomination paper will be rejected.
3. Nomination papers which are not accompanied with the fee prescribed there of shall be rejected.