

**MAHARAJA AGRASEN MEDICAL EDUCATION AND
SCIENTIFIC RESEARCH SOCIETY, AGROHA (Distt. Hisar)**
(Registered No. HR 012 2014 00687, dt. 12.05.2014 (New) Reg. No. 56, dt. 08.04.1988 (Old))
Regd. Office: MAMC. N.H.9, Sirsa Road, Agroha-125047 (Distt.- Hisar)

NOMINATION FORM (To be submitted by the Candidate)

FOR THE ELECTION OF THE MEMBER OF THE COLLEGIUM FROM ELECTORAL COLLEGE NO.

Particulars of Candidate:-

Name
Father's / Husband's Name
Address
.....
Mobile No.
E- Mail ID
Membership No. in Society
Electoral College No. S. No. in the Electoral College



SUBMISSION & DECLARATION: - I the above named candidate present proof of my identity and of address, in original, out of Aadhar Card / PAN Card / Electoral Card etc. for verification and photocopy of the same has been enclosed herewith duly self certified / attested by me. I declare that I am member of above named Society, and my name exists in the Electoral College No. given above and I am eligible to seek election of member of the Collegium of the Society.

VERIFICATION: - I do hereby verify and declare that my above particulars are true and correct to the best of my knowledge.

Place: AGROHA

Date:

Signature of the Candidate

FOR USE BY RETURNING OFFICER

Presented by Shri / Smt.

On (Date) at (time).....

Returning Officer

REPORT OF SCRUTINY:-

.....

Date

Time.....

Returning Officer