

**MAHARAJA AGRASEN MEDICAL EDUCATION AND
SCIENTIFIC RESEARCH SOCIETY,**

(Regn. No. HR 012 2014 00687, dt. 12.05.2014 (New) Regn. No. 56, dt. 08.04.1988 (Old))
Regd. Office: N.H.9, Sirsa Road, AGROHA-125047 (Distt.- Hisar)

NOMINATION FORM

FOR ELECTION OF 200 ELECTORAL COLLEGES TO BECOME MEMBER OF THE COLLEGIUM

ELECTORAL COLLEGE NO.

Particulars of Candidate:-

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



DECLARATION BY THE CANDIDATE: - I, the above named candidate present a proof of my identity and address, in original i.e. out of Aadhar Card / PAN Card / Electoral Card etc., for verification. The photocopy of the identity proof also is enclosed herewith duly self attested.

I declare that I am member of above named Society and my name exists in the Register / List of Electoral Colleges and I am eligible to seek election for membership of the Collegium of the Society from above Electoral College.

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

Date: Signature of the Candidate

FOR USE BY RETURNING OFFICER

Presented by Shri / Smt.

on (Date) at (time) Returning Officer

REPORT OF SCRUTINY BY RETURNING OFFICER OF ACCEPTANCE / REJECTION ETC:-

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Date Time Returning Officer