

FORM C (for Elections for member PM&DC)

*[see regulation 13]*

**PAKISTAN MEDICAL AND DENTAL COUNCIL  
ISLAMABAD**

**NOMINATION PAPER FOR REGISTERED MEDICAL PRACITIONERS**

\*\*\*\*\*

The \*undersigned a valid registered medical practitioner having ten years good standing with PM&DC, hereby nominate

\*Dr. \_\_\_\_\_

(here insert the name in block letters of person to be nominated)

RegistrationNo. \_\_\_\_\_ Resident of

(insert the Reg.No. of nominated person)

(insert the registered address of the person to be nominated)

for election of the member PM&DC from amongst the valid registered medical practitioners of the province of \_\_\_\_\_.

\*Signature of proposer \_\_\_\_\_

Name in block letters \_\_\_\_\_

Reg.No. \_\_\_\_\_

**SECONDERS**

(a)\*Signature\_\_\_\_\_

Name in block letters\_\_\_\_\_

Reg.No.\_\_\_\_\_

(b)\*Signature\_\_\_\_\_

Name in block letters\_\_\_\_\_

Reg.No.\_\_\_\_\_

**DECLARATION BY NOMINATED PERSON (the candidate)**

\*I Dr,\_\_\_\_\_

(name in block letters of nominated person)

RegistrationNo.\_\_\_\_\_Resident of

(insert the Reg.No. of nominated person)

(insert the registered address of the person to be nominated)

hereby consent to the above nomination and declare that I have no intention of changing my province for the next five years and herewith enclose attested photocopies of my registration certificate, National Identity Card, permanent residence certificate and bank draft of security.

Signature\_\_\_\_\_

\*All above to attach attested copies of PM&DC registration certificates.

FORM C-I

[see regulation 13]

**PAKISTAN MEDICAL AND DENTAL COUNCIL  
ISLAMABAD**

**NOMINATION PAPER FOR REGISTERED MEDICAL PRACTITIONERS**

\*\*\*\*\*

The \*undersigned a valid registered dental practitioner having ten years good standing with PM&DC, hereby nominate

\*Dr. \_\_\_\_\_

(here insert the name in block letters of person to be nominated)

RegistrationNo. \_\_\_\_\_ Resident of \_\_\_\_\_

(insert the Reg.No. of nominated person)

(insert the registered address of the person to be nominated)

for election of the member PM&DC from amongst the valid registered dental practitioners of the province of \_\_\_\_\_.

\*Signature of proposer \_\_\_\_\_

Name in block letters \_\_\_\_\_

Reg.No. \_\_\_\_\_

**SECONDERS**

(a)\*Signature\_\_\_\_\_

Name in block letters\_\_\_\_\_

Reg.No.\_\_\_\_\_

(b)\* Signature\_\_\_\_\_

Name in block letters\_\_\_\_\_

Reg.No.\_\_\_\_\_

**DECLARATION BY NOMINATED PERSON (the candidate)**

\*I Dr,\_\_\_\_\_

(name in block letters of nominated person)

RegistrationNo.\_\_\_\_\_ Resident of \_\_\_\_\_

(insert the Reg.No. of nominated person)

(insert the registered address of the person to be nominated)

hereby consent to the above nomination and declare that I have no intention of changing my province for the next five years and herewith enclose attested photocopies of my registration certificate, National Identity Card, permanent residence certificate and bank draft of security.

Signature \_\_\_\_\_

\*All above to attach attested copies of PM&DC registration certificates.

\_\_\_\_\_  
[No.F ]

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