

**FORM 'B'**  
**RULE 6 (3)**

***Form of Nomination Paper***

Election of Members of the Punjab Pharmacy Council.

I, the undersigned being a Registered Pharmacist, hereby nominate (a) \_\_\_\_\_  
Registered as a Pharmacist his/her registration number being (b) \_\_\_\_\_ as a candidate for  
election as a member of the Punjab Pharmacy Council at the forthcoming election.

Signature: \_\_\_\_\_

Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Registration No. \_\_\_\_\_ (copy attached)

Serial No. of Electoral \_\_\_\_\_

Aadhar No. \_\_\_\_\_ (copy attached)

Date: \_\_\_\_\_

We the undersigned second the proposal of \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Registration No. \_\_\_\_\_ (copy attached)

Registration No. \_\_\_\_\_ (copy attached)

Serial No. of electoral \_\_\_\_\_

Serial No. of electoral \_\_\_\_\_

Aadhar No. \_\_\_\_\_ (copy attached)

Aadhar No. \_\_\_\_\_ (copy attached)

Date \_\_\_\_\_.

Date \_\_\_\_\_.

I, the undersigned, hereby consent to accept my nomination as a candidate for the election to the Punjab Pharmacy Council and am willing to serve on the Council.

(a) State name and full address

Signature \_\_\_\_\_

Name \_\_\_\_\_

(b) State Registration number.

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Registration No. \_\_\_\_\_

Serial No. of Electoral \_\_\_\_\_

Aadhar No. \_\_\_\_\_

**I hereby declare that I agree to this nomination.**

**Attached self-attested copy of:**

1. Pharmacy Registration Certificate
2. Aadhar Card
3. Govt. issued ID Proof

**Mark (√)**

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Date \_\_\_\_\_

\_\_\_\_\_  
**Signature of the candidate**

**Note:-** This nominated paper will not be valid unless it is delivered to the Returning Officer at the office of Punjab Pharmacy Council, Medical Education Bhawan, Sector 69, S.A.S. Nagar(Mohali), Punjab 160062 on or before **14<sup>th</sup> August 2024(4:30 P.M.)**.

**Certificate of Delivery/ Notice of Scrutiny**

Sr. No. \_\_\_\_\_ . The nomination paper of \_\_\_\_\_, Registered as a Pharmacist his/her registration number being (b) \_\_\_\_\_ and Serial No. \_\_\_\_\_ of electoral, as a candidate for election as a member of the Punjab Pharmacy Council at the forthcoming election has been delivered to me at office on (date & time) \_\_\_\_\_. The nomination papers will be taken up for scrutiny on **22<sup>nd</sup> August 2024** at Punjab Pharmacy Council, Medical Education Bhawan, Sector 69, S.A.S. Nagar(Mohali) Punjab-160062.

Date & Time: \_\_\_\_\_.

**Returning Officer**