

# PDA CENTRAL COUNCIL ELECTIONS 2009

## NOMINATION FORM

Nomination for the post of: (Please tick one  box only).

- |   |  |
|---|--|
| <input type="checkbox"/> President            | <input type="checkbox"/> Senior Vice President         |
| <input type="checkbox"/> General Secretary    | <input type="checkbox"/> Treasurer / Finance Secretary |
| <input type="checkbox"/> Zonal Vice President | <input type="checkbox"/> Zonal Representative          |

### (A) Candidate

Name: \_\_\_\_\_

Father/Husband's Name: \_\_\_\_\_

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

Phone Clinic: \_\_\_\_\_ Res: \_\_\_\_\_ PMDC Reg.No \_\_\_\_\_

NIC No. \_\_\_\_\_ (Please attach photocopy)

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

### (B) Proposed By

Name: \_\_\_\_\_

Father/Husband's Name: \_\_\_\_\_

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

Phone Clinic: \_\_\_\_\_ Res: \_\_\_\_\_

NIC No. \_\_\_\_\_ (Please attach photocopy)

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

### (C) Seconded By:

Name: \_\_\_\_\_ PMDC Reg.No \_\_\_\_\_

Father/Husband's Name: \_\_\_\_\_

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

Phone Clinic: \_\_\_\_\_ Res: \_\_\_\_\_

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

#### Note:

- Dental Member of PMDC can Proposed or Second one Candidate only.
- Incorrect or incomplete nomination forms will not be accepted.
- Nomination form for each post should be submitted separately.