## FORM III

(See rule 7(3))

## Form of Nomination Paper

## Election to the Goa Nursing Council

(To be filled in by the candidate)

*(cotogory)   furth	election to the Goa Nursing Council in the er declare that I shall work towards the interest
of the Goa Nursing Council if elected a	and actively participate in its functioning.
	(Name of the candidate)
	(Designation of the candidate)
	(Official address)
og ago go dan yar r	(Signature of the candidate)
Light District TA Comment	
	led in by the Proposer) as a candidate for the
I hereby nominate forthcoming election to the Goa Nurs	sing Council.
(1) Full name of candidate	
The standards of the candida	ate
(3) Serial number of candidate in the	e electoral roll
(4) Full name of proposer	
(5) F. Il mostal address of proposer.	
(6) Social number of proposer in the	electoral roll
Date:	Signature of Proposer
	(Name of the Proposer)
*Mention the category from which you v	wish to stand for elections.
	et .
(To be filled in by the	he Seconder)
I second the above nomination -	az <sup>a</sup>
(1) Full name of seconder (2) Full postal address of seconder	
(3) Serial number of seconder in the el	lectoral roll
Date	
	(Name of the second
	=

## (To be filled in by the Returning Officer)

Serial No. of nomination paper	
This nomination paper was delivered to me at	(hour) on(date).
Date	
	1 Level 100 and 100
Decision of Returning Officer accepting or rejecting the N	Nomination Paper.
I have examined this nomination paper in accordance wit Rules, 2014, and decided that the nomination is	th the provisions of the Goa Nursing Council
Date	
	Signature of the Returning Officer

\*\* The Returning Officer is required to enter in his hand whether the nomination paper is accepted or rejected.