

Form 'B'
Rule 6(3)
Form of Nomination paper
Election of member or members of the Haryana
State Pharmacy Council

I, the undersigned being a registered Pharmacist, hereby nominate
(a) _____ registered
as a Pharmacist, his registered number being (b) _____ as a
candidate for election as a member of the _____ State
Pharmacy Council at the forthcoming election.

Signature _____

Address _____

Registration No. _____

Date _____

We the undersigned second the proposal of Shri _____

Signature _____

Signature _____

Address _____

Address _____

Registration No. _____

Registration No. _____

Date _____

Date _____

I the undersigned hereby consent to accept nomination as a candidate for
election to the Haryana State Pharmacy Council.

Signature _____

Address _____

Registration No. _____

Date _____

- (a) State name and full address
(b) State Registration number