

**Office of the Returning Officer for Elections of four members to Haryana Dental Council in pursuance of Chapter- III, Clause - (a) under Section 21 of THE DENTISTS ACT, 1948 (16 OF 1948) from Registered Dentists (Haryana State Dental Council).**

**Office of The Director General Health Services, Haryana,  
Sector-6, Panchkula.**

Notice is hereby given for general information that election of the Four members of the Haryana State Dental Council is going to be held u/s **Chapter- III, Clause - (a) under Section 21 of THE DENTISTS ACT, 1948 (16 OF 1948) from Registered Dentists (Haryana State Dental Council) as per the following Time Schedule:-**

**Notice of Election**

Election of Four members of the Haryana State Dental Council.

Notice is hereby given pursuant to the provisions of Chapter- III, Clause - (a) under Section 21 of THE DENTISTS ACT, 1948 (16 OF 1948) from Registered Dentists (Haryana State Dental Council) that the election of Four members of the Haryana State Dental Council to serve for the prescribed period is to be held.

Nominations of eligible persons to fill the four vacancies are invited.

Each candidate must be nominated by a separate nomination paper but any person entitled to vote at the election may sign the nomination paper of any number of Candidates not exceeding the number to be elected and for which he is entitled to vote.

Every nomination paper must be in the Appendix Form giving all the details required therein.

The nomination paper must reach the undersigned not later than **21<sup>th</sup> day of April, 2018** from whom forms of nomination papers may be obtained on application.

Nomination papers in respect of which provision of Part I of the Rules have not been complied with, or which are not received by the Returning Officer by the aforesaid date will be invalid.

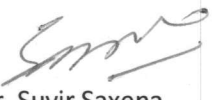
The following shall be the Schedule for the proposed election:-

Sr. No.	Particulars	Date/Last Date Fixed
1.	Last date for submitting nominations in Appendix Form	21.4.2018
2.	Withdrawal of candidature (within 7 days after the last date of filing nominations)	28.04.2018
3.	Scrutiny of nominations by Returning Officer in his office and rejection of nomination paper and declaring the name of candidates whose nominations are held valid by him	29.04.2018
4.	Declaration of candidates as elected if the number of validity nominated candidates is equal to the number of the notified vacancies (four)	01.05.2018
5.	If number of validity nominated candidates are more than 4 then publication of notification of their names & address by the Returning Officer in official	6.05.2018

	Gazette and on official website of Haryana Dental Council (Health Department Haryana).	
6.	Last date of sending of ballot paper to each elector by registered/speed post as to each electoral mentioned in the final electoral roles printed.	19.05.2018
7.	Last date for the Ballot papers to be returned by the voters and received by the Returning Officer.	23.05.2018
8.	Counting of votes in the office of the Returning Officer	26.05.2018

- Preliminary Electoral rolls uploaded at [www.haryanahealth.nic.in](http://www.haryanahealth.nic.in) on 27.10.2017. No objections have been received.
- Notification regarding elections of four members to Haryana Dental Council published on 05.11.2017 in two newspapers; Indian Express (English) & Dainik Bhaskar (Hindi).
- Final Electoral Rolls published in Haryana Official Gazette on 20.03.2017.

Please note that the prospective candidate or their duly authorized representative may attend the process of scrutiny of nomination papers, polling and counting of votes.

  
 Dr. Suvir Saxena  
 Returning Officer-cum -Deputy Director  
 O/o DGHS, Haryana  
 Room No. 4, IInd Floor, O/o HSACS  
 Sector-6, Panchkula

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**APPENDIX FORM**

Members to be proposed and seconded for nomination to the election under Section 21 of the Act of THE DENTISTS ACT, 1948 (16 OF 1948).

Name of the Candidate \_\_\_\_\_

Qualifications \_\_\_\_\_

Address \_\_\_\_\_

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

I do hereby propose \_\_\_\_\_ (details above) to be my nominee \_\_\_\_\_ for election to the State Dental Council \_\_\_\_\_ have obtained his necessary consent.

Signature \_\_\_\_\_

Name in Full \_\_\_\_\_

Address \_\_\_\_\_

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

Place and Date \_\_\_\_\_

I, \_\_\_\_\_ Registration No. \_\_\_\_\_ do hereby second the proposal of \_\_\_\_\_ Registration No. \_\_\_\_\_ to the election of the State Dental Council \_\_\_\_\_.

Signature \_\_\_\_\_

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

Date and place \_\_\_\_\_

I, \_\_\_\_\_ who has been duly nominated and seconded by 1. \_\_\_\_\_ 2. \_\_\_\_\_ respectively agreed to serve on the \_\_\_\_\_ State Dental Council, if elected. I have read the rules and regulations and promise to abide by them.

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

Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

Place and date \_\_\_\_\_