

**FORM VI**  
**(See rule 21 (1))**  
**FORM OF NOMINATION PAPER**

**For Election\* Under Clause (b) of Section 4**  
**Under Clause (c) of Section 4**  
**Under Clause (d) of Section 4**  
**Under Clause (b) of Section 5**  
**Under Clause (c) of Section 5**

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| <b>of the Unani Ayurvedic<br/>and Homoeopathic<br/>Practitioners Act, 1965</b> |
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1. Name of candidate in full \_\_\_\_\_
2. Father's/husband's name \_\_\_\_\_
3. Address \_\_\_\_\_
4. Serial number of the candidate in the final list of voters \_\_\_\_\_
5. Name of the proposer \_\_\_\_\_
6. Serial number of the proposer in the final list of voters \_\_\_\_\_
7. Signature of the proposer \_\_\_\_\_
8. Name of the seconder \_\_\_\_\_
9. Serial number of the seconder in the final list of voters \_\_\_\_\_
10. Signature of the seconder \_\_\_\_\_
  
11. Date \_\_\_\_\_

I hereby declare as follows:-

- (a) I agree to my nomination.
- \* (b) I am a registered qualified practitioner of the Unani system of medicine
- \* (c) I am a registered qualified practitioner of the Ayurvedic system of medicine.
- \* (d) I am a registered qualified practitioner of the Homoeopathic system of medicine.
- \* (e) I am a registered practitioner, other than a qualified practitioner, of the Unani system of medicine.
- \* (f) I am a registered practitioner, other than a qualified practitioner, of the Ayurvedic System of medicine
- \* (g) I am a listed Homoeopath.

Signature of the candidate.

Nomination found valid

Nomination not found valid for the following reasons:-

Returning Officer