

**Office of the Returning Officer, Maharashtra Council of Homoeopathy
Election 2015, Maharashtra State,**

R.A.Podar Medical College (Ayurved), Boy's Hostel, Ground Floor, Dr. A.B. Road, Worli,
Mumbai- 400018.

E-mail : mail@mchmumbai.org

Web Site : www.mchmumbai.org

No. MCH- Election- 2015/ 01

Date : 27/08/2015

**Maharashtra Council of Homoeopathy Maharashtra State,
Election 2015.**

NOTIFICATION NO.1/2015

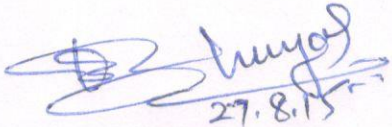
This is to inform to all concerned that as per the MCH Election rules- section 3A. the submission of the following documents is necessary at the time of nomination form submission.

Concerned candidate should produce his own as well as proposer' & seconder's following original or attested documents at the time of submission of nomination form.

1. Copy of Recognised Homoeopathy medical qualification based on which they have been registered in Maharashtra council of Homoeopathy .
2. In the Nomination paper of Principal and Teacher's the proposer' & seconder's should be from same cadre.
3. Copy of MCH issued Registration Certificate with Renewal.
4. Proof of Residential address.
5. Photo ID with signature proof like pan card, Driving License, Passport.

Date:

Address : The Returning Officer,
Maharashtra Council of Homoeopathy Election,
R.A.Podar Medical College (Ayurved),
Boy's Hostel, Ground Floor,
Dr. A.B. Road, Worli,
Mumbai- 400018.


(Mr. Dilip Bhuyar)
Returning Officer,
Maharashtra Council of Homoeopathy
Election, Maharashtra State.

Application

To,
The Returning Officer
MCH Election 2015

Date:

Subject: Application for issue on Nomination Form for MCH
Election 2015

Respected Sir,

With regards to above mentioned subject I _____

would like to nominate myself for the Member of Maharashtra Council of
Homoeopathy from the following constituency

- A) Principal or Head of Institutions []
- B) Teacher cadre []
- C) Registered General Practitioner []
(Tick only one from above)

I request to you kindly issue me a nomination form in prescribed format.

Name:

Signature:

MCH Registration No:

Mobi. No:

Submission Of Application

To,
The Returning Officer
MCH Election 2015

Date:

Subject: Submission of Nomination Form for MCH Election 2015

Respected Sir,

With regards to above mentioned subject I _____

would like to nominate myself for the Member of Maharashtra Council of
Homoeopathy from the following constituency

- A) Principal or Head of Institutions []
- B) Teacher cadre []
- C) Registered General Practitioner []
(Tick only one from above)

Attached alongwith the prescribed Fee of 300 (Three Hundred Only) in
Cash/D.D No. _____. (Any Nationalise bank in favour of
Registrar MCH Mumbai, Payable at Mumbai)

Name:

Signature:

MCH Registration No:

Mobi. No: