



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು  
Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore

4th T Block, Jayanagar, Bangalore – 560 041

AUTH/DCI/ELE/078/2019-20

26.11.2020

## NOTICE OF ELECTION

**ELECTION OF ONE MEMBER OF THE FACULTY OF DENTISTRY OF  
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATATAKA, BENGALURU TO THE  
DENTAL COUNCIL OF INDIA BY THE SENATE**

**Ref: Decision of 154<sup>th</sup> Syndicate meeting held on 24.11.2020.**

It is hereby notified to the members of the Senate of the Rajiv Gandhi University of Health Sciences, Karnataka, that under clause (d) of Section 3 of the Dentist Act, 1948, they are to elect one member from amongst Faculty of Dentistry of RGUHS to the Dental Council of India, New Delhi.

Notice is hereby given that the above election has been fixed at the Special Meeting of the Senate scheduled to be held **on Saturday, the 19<sup>th</sup> December 2020.** Following are the dates and hour fixed in respect of the election.

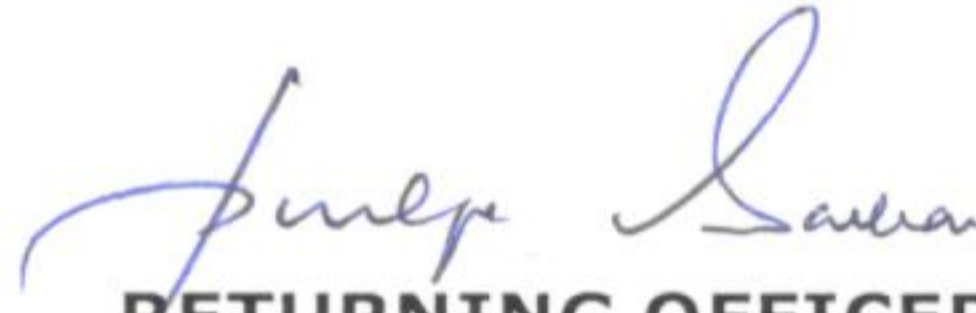
(i)	Last date & hour set for receipt of nomination	Friday 04/12/2020	1.00PM
(ii)	Date & time set for scrutiny of nominations	Monday 07/12/2020	2.00PM
(iii)	Last date & hour set for withdrawal	Wednesday 09/12/2020	4.00PM
(iv)	Date of Election and the hour of voting by personal ballot	Saturday 19/12/2020	11.30 A.M to 1.30 P.M

### **The Manner and Procedure of Election**

- All the members of the Senate are eligible to participate in the Election.
- The Members of the Senate are entitled to propose the name of any member of the Faculty of Dentistry and also second, provided one member of the senate shall be entitled **to propose or second only one name.**
- Nomination papers shall be in the prescribed form. The copies can be had from the University Office at 4<sup>th</sup> 'T' Block, Jayanagar, Bangalore-560 041. The nomination papers shall be sent in envelopes addressed to the Returning Officer, Rajiv Gandhi University of Health Sciences, 4<sup>th</sup> 'T' Block, Jayanagar, Bangalore-560 041 and superscribed " **Nomination for Election to the Dental Council of India from the constituency of Senate of RGUHS**".
- Under Statute 5.11 relating to Election to the Authorities every candidate for election has to deposit with the University an amount of Rs 100/- (Rupees one hundred only). Every nomination paper should be accompanied by a Demand Draft for payment of this Deposit in favour of Rajiv Gandhi university of Health Sciences. A candidate shall not be deemed to be duly nominated, unless the deposit has been made. The deposit is refundable in certain circumstances as enumerated in the relevant statute.

- e) The nomination papers will be scrutinized on the appointed date and the time fixed for the purpose in the office of the Returning Officer, Rajiv Gandhi University of Health Sciences, Karnataka, 4<sup>th</sup> 'T' Block, Jayanagar, Bengaluru-560 041. Candidates or their agents with an authorization letter may be present at the time of the scrutiny. List of eligible candidates will be notified soon after the completion of the scrutiny.
- f) A Candidate may withdraw his candidature by a notice in writing in the prescribed form, attested by two voters. Application for withdrawal of candidature should reach the office of the Returning Officer, Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru -560 041, before the time fixed on the date notified for the purpose. The final list of eligible candidates will be notified soon after the time fixed for withdrawal is over on the date notified for the purpose.
- g) Election if necessary will be by personal ballot in accordance with the system of simple majority.
- h) Dr. Pushpa Sarkar, Director, DCD section, RGUHS, is Returning Officer, Dr. Srinivasa Murthy S T, Assistant Director, Authority Section, RGUHS, is Asst. Returning Officer, to conduct Election.

By Order,

  
**RETURNING OFFICER**

To  
All the Members of Senate.  
All the Members of Faculty of Dentistry.

Copy to:

1. The Secretary to Governor, Raj Bhavan, Bangalore -560 001.
2. The Principal Secretary to Government, Dept. of Health & Family Welfare(Medical Education) Vikasa Soudha, Bangalore -560 001.
3. The Secretary to Government of India, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi 110 011
4. The Director, Medical Education, Government of Karnataka, Ananda Rao Circle, Bangalore -560 009.
5. The Secretary, Dental Council of India, Aiwan-E-Galib Marg, Kotla Road, New Delhi 110 002.
6. PA to Vice-Chancellor / Registrar / Registrar (Eva) / Finance Officer.
7. Guard file, Office Copy.



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4th T Block, Jayanagar, Bangalore – 560 041

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FORM OF NOMINATION PAPER

Election under clause (d) of Section 3 of the Dentist Act 1948

- 1) Name of the Candidate  
(in Block letters) \_\_\_\_\_
- 2) Father's Name \_\_\_\_\_
- 3) Age & Date of Birth \_\_\_\_\_
- 4) Qualification \_\_\_\_\_
- 5) Particulars in the Electoral Roll of Faculty of  
Dentistry \_\_\_\_\_
- 6) Address \_\_\_\_\_  
\_\_\_\_\_
- 7) Signature and Name of Senate Member  
proposing the name with Date Name: \_\_\_\_\_  
Signature & Date \_\_\_\_\_
- 8) Signature and Name of the Senate Member  
seconding the name with Date Name: \_\_\_\_\_  
Signature & Date \_\_\_\_\_
- 9) DD Details for Rs.100/- DD No. \_\_\_\_\_ Date: \_\_\_\_\_ Bank: \_\_\_\_\_

DECLARATION BY THE CANDIDATE

I declare that the foregoing information is correct and complete to the best of my knowledge and belief. I am a full time employee of .....I further declare that I have not been convicted by court of law for any offence, which involves moral turpitude.

I agree to this nomination.

Place:

Signature of the candidate

Date:.....

This nomination paper was received by me at .....Hour on the (date).....

RETURNING OFFICER

**INSTRUCTIONS :** Nomination papers which are not received by the Returning Officer before 1.00 pm on Friday,04.12.2020 will be invalid.



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**FORM FOR WITHDRAWAL OF NOMINATION**

I HEREBY WITHDRAW THE NOMINATION FILED BY ME FOR THE ELECTION OF ONE MEMBER OF  
THE FACULTY OF DENTISTRY OF RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA,  
BANGALORE TO THE DENTAL COUNCIL OF INDIA BY THE SENATE

Name of the Candidate -----

Designation and Address -----  
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Signature with Date -----

Place :-

Date and Time:-

**ATTESTED BY**

3. Name & Signature of the Voter :- -----  
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4. Name & Signature of the Voter :- -----  
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