AUTH/DCI/ELE/078/2013-14 01.03.2014

# NOTICE OF ELECTION

**ELECTION OF ONE MEMBER OF THE FACULTY OF DENTISTRY OF**

**RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATATAKA ,BANGALORE TO THE DENTAL COUNCIL OF INDIA BY THE SENATE**

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 ordinary Meeting of the Senate scheduled to be held **on Thursday, the 10th April .2014.** Following are the dates and hour fixed in respect of the election.

|  |  |  |  |
| --- | --- | --- | --- |
| (i) | Last date & hour set for receipt of nomination | Tuesday01/04/2014 | 1.00PM |
| (ii) | Date & time set for scrutiny of nominations | Wednesday02/04/2014 | 2.00PM |
| (iii) | Last date & hour set for withdrawal | Thursday03/04/2014 | 4.00PM |
| (iv) | Date of Election and the hour of voting by personal ballot | Thursday10/04/2014 | 11.30 A.M to 1.30 P.M |

**The Manner and Procedure of Election**

|  |  |
| --- | --- |
| a) | All the members of the Senate are eligible to participate in the Election.  |
| b) | 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.** |
| c) |  Nomination papers shall be in the prescribed form. The copies can be had from the University Office at 4th ‘T’ Block, Jayanagar, Bangalore-560 041. The nomination papers shall be sent in envelops addressed to the Registrar, Rajiv Gandhi University of Health Sciences, 4th ‘T’ Block, Jayanagar, Bangalore-560 041 and superscribed **“ “Nomination for Election to the Dental Council of India from the constituency of Senate of RGUHS”.** |
| d) | 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 Registrar. Rajiv Gandhi University of Health Sciences, Karnataka, 4th ‘T’ Block, Jayanagar, Bangalore-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 Registrar, Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore –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. |

By Order,

## REGISTRAR &

## RETURNING OFFICER

To

All the Members of Senate.

All the Members of Faculty of Dentistry.

Copy to:

1. The Secretary to Governor, Raj Bhavan, Bngalore –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, AnadaRao 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.

AUTH/DCI/ELE/078/2013-14 01.03.2014

**M E M O R A N D U M**

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| --- | --- |
| Sub: | Nomination of Returning Officer to conduct of Election of one member of Faculty of Dentistry of Rajiv Gandhi University of Health Sciences, Bangalore to the Dental Council of India by Senate of RGUHS |
| Ref:  | Orders of Hon’ble Vice-Chancellor dated 28.02.2014 |

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The Vice-Chancellor has been pleased to nominate Dr. D.Premkumar, Registrar, RGUHS, as Returning Officer to conduct Election of one member of Faculty of Dentistry of Rajiv Gandhi University of Health Sciences, Bangalore to the Dental Council of India by Senate of RGUHS to be held on 10/04/2014.

By Order,

**REGISTRAR**

To

Dr.D.Premkumar

REGISTRAR

Rajiv Gandhi University of Health Sciences

4th T Block, Jayanagar,

Bangalore – 560 041

Copy to:

1. The Secretary to Governor, Raj Bhavan, Bngalore –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, AnadaRao 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.
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# 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

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 Tuesday 01.04.2014 will be invalid.**


# 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

# 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**

1. Name & Signature of the Voter :- ------------------------------------------------------

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1. Name & Signature of the Voter :- ------------------------------------------------------

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