

FORM No. – II(a)  
(Vide Rule -4)

To  
The Returning Officer,  
Tripura State Medical Council,  
Bidurkarta Chowmuhani, Agartala.

Sir,

I beg to file under rule 4 of the rules for election under Clause (a) or (b) of Section 4(1) of the Tripura State Medical Council, Act. 2010(Act No. 11 of 2010), this claim for the inclusion of name in the **ELECTORAL Roll** for the ensuing election to the Tripura State Medical Council.

Name (in block letters) .....

Academic qualifications .....

Name of the Institution/Organization in which employed and the date of appointment.....

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Capacity in which employed .....

Address .....

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I declare that I am a citizen of India and that I reside / carry on my profession/ an employed, in Tripura.

Signature of the Objector(in full)

Dated .....

The.....