**SCHEDULE - II**

**KHYBER MEDICAL UNIVERSITY NOMINATION FORM**

**(To be filled in by The Proposer)**

Election to the Constituency of

I, (Name of the Proposer), registered as an elector at serial No in the electoral list, do hereby propose the name of , at serial No, in the electoral list, for the Constituency of .

Dated ………………….. **Signature of Proposer**

**(To be Filled in by the Seconder)**

I, (Name of the seconder), registered as an elector at serial No in the electoral list, do hereby second the nomination of , at serial No in the electoral list, for Constituency of

Dated ………………….. **Signature of Seconder.**

**(To be Filled by the Person Nominated)**

# D E C L A R A T I O N

I, son/daughter/wife of registered as an elector at serial No in the electoral list for the Constituency of , do hereby declare that I have consented to the above mentioned nomination and that I am not subject to any disqualification for being elected as a member.

**Signature of the Person Nominated** Dated …………………….

**(To be Filled by Returning Officer)**

Serial number of nomination paper This nomination paper was delivered to me at my office at (hours) on (date) by being the candidate/proposer/seconder.

Dated ……………………. **Returning Officer**

**(Decision of Returning Officer accepting or rejecting the nomination paper on the day fixed for scrutiny).**

I have examined this nomination paper in accordance with the provision of the Section “The Khyber Pakhtunkhwa Universities (Amendment) Act 2019.” Election Statutes, and decide as follows.

(in case of rejection, state brief reasons)

Dated ……………………. **Returning Officer**