

UNIVERSITY COLLEGE OF MEDICAL SCIENCES & GTBH, DELHI
ELECTION FOR MEMBER TO THE DELHI MEDICAL COUNCIL

As per the letter received from the office of the Registrar cum Returning Officer, DMC Elections, No. DMC/F.29/Election/2/2025/335300 dated 14.11.2025 nominations are invited for election to Delhi Medical Council in accordance with clause (b) of sub section (3) of Section 3 of the Delhi Medical Council Act, 1997, read with Rule 10 (a) of the Delhi Medical Council Rules, 2003 for the post of:

Member to DMC among Medical Faculty of College (UCMS) 01 (Post)

The schedule for the election is as follows:

- | | |
|---|-----------------------------------|
| 1. Last date for filing nomination papers | 24-11-2025 (Monday) |
| 2. Publication of list of eligible candidates | 25-11-2025 (Tuesday) |
| 3. Last date for withdrawal of nominations | 27-11-2025 (Thursday) |
| 4. Publication of the final list of candidates | 01-12-2025 (Monday) |
| 5. Date of Election | 03-12-2025 (Wednesday) |
| 6. Timing of voting | 03-12-2025 (10 AM to 3 PM) |
| 7. Counting of votes and declaration of results | 04-12-2025, 3 pm onwards |


(Dr. Rishi Tyagi)
Returning Officer &
Professor (SAG)
Department of Dentistry

The nomination form is attached here with, please copy more if required. Kindly submit the completed filled forms to Ms. Rupinder Kaur, Assistant Registrar (PO) Room no. 106, Administrative Wing, First Floor, College Building.

UNIVERSITY COLLEGE OF MEDICAL SCIENCES & GTBH, DELHI
NOMINATION FORM FOR ELECTION TO MEMBER OF DELHI MEDICAL COUNCIL

I, Dr. _____, Asst Prof/Assoc Prof/Prof/Dir.Prof, Department of _____ here by nominate Dr. _____
Asst Prof/Assoc Prof/Prof Dir. Prof, Department of _____
for member of Delhi Medical Council from UCMS.

Signature of Proposer

Name of nominating faculty: _____

I, Dr. _____ second the above nomination.

Signature of Seconder

Name of nominating faculty: _____

DECLARATION BY THE CANDIDATE

I agree to my nomination for the member of Delhi Medical Council from UCMS.

Signature _____

Name & Designation: _____

UNIVERSITY COLLEGE OF MEDICAL SCIENCES & GTBH, DELHI
WITHDRAWAL OF NOMINATION

I Dr _____, Asst Prof/Assoc Prof/Prof/Dir. Prof in the
Department of _____ who had filed my
nomination for member of Delhi Medical Council from UCMS vide nomination for dated
_____ hereby withdraw my nomination.

Signature:

Name:

Date: