



# LALIT NARAYAN MITHILA UNIVERSITY

Kameshwaranagar, Darbhanga-846004.

## Communique

Under clause (d) of section 3 of the Dentist Act, a representative of the University from the Dental Faculty of the L.N. Mithila University, Darbhanga at Dental Council of India is to be elected by the Senate Members. The election schedule is given below:-

- (i) Date & time for filling nomination: 19.06.2023 to 20-06-2023 (10:30 A.M. to 04:30 P.M.)
- (ii) Date & time for withdrawal of candidature: 21.06.2023 (10:30 A.M. to 12:30 P.M.)
- (iii) Date & time of Scrutiny: 21.06.2023 at 01:30 P.M.
- (iv) Publication of final list of candidates: 22.06.2023 at 04:00 P.M.
- (v) Date of Election: In the meeting of the Senate

**Note:** For election details, prof. Ajay Nath Jha, Returning Officer cum Proctor of the university may be contacted. Visit our Website for details [www.lnmu.ac.in](http://www.lnmu.ac.in)

Sd/-

Returning Officer

Date: 03/06/2023

Memo No. PROC-37/23

1. The Advertisement Manager, (a) Dainik Bhaskar, North Bihar edition (b) The Hindustan, North Bihar edition. For publication on any page other than front & back page in 04 c.m. \*06 c.m. and submit the bills in three copies to Registrar, L.N. Mithila University, Darbhanga For Payment thereof.
2. All members of the Senate, L.N. Mithila, University, Darbhanga
3. Finance Officer, L.N. Mithila University, Darbhanga
4. D.O. Cum Nodal Officer, University Website, L.N. Mithila University, Darbhanga
5. Secretary to V.C. / P.A. to Registrar, L.N. Mithila University, Darbhanga for information

  
Returning Officer

FORM III

[Clause (3) of regulation 11]

DECLARATION PAPER

Elections to the Dental Council of India of under section 3 of the Dentists Act, 1948.

Serial Number:-

Elector's name:-

Number on the electoral roll, if any:-

Elector's declaration

I.....(Name in full, and designation, if any) declare that I am an elector for the election of a member, to the Dental Council of India by the electorate under clause (a) of section 3 of the Dentist Act, 1948 and that I have signed no other voting paper at this election.

Station.....

Signature.....

Dated.....

Address.....

.....

.....

[See regulations 5]

**Nomination Paper**

Election under clause (d) section 3 of the Dentists Act, 1948.

- 1. **Name of the Candidate** .....
- 2. **Father's Name** .....
- 3. **Age** .....
- 4. **Nature of qualification** .....  
**and registration number**
- 5. **Address** .....  
.....
- 6. **Signature of Proposer** .....
- 7. **Signature of Seconder** .....

**Declaration by the candidate:-**

I hereby declare that I agree to this nomination.

**Signature of the candidate**

This nomination paper was received by me at ..... hour on  
the date

**Returning Officer**