



TAMILNADU MEDICAL COUNCIL, CHENNAI

ELECTION FOR MEMBERS u/s 5(1)(F)

Date :

From

Name :
TNMC Regn. No. :
Qualifications :
Address :

To

The Registrar cum Returning Officer,
Tamilnadu Medical Council,
No. 914, Poonamallee High Road,
Arumbakkam,
Chennai 600 106.

Sir,

Sub : Submitting of Withdrawal from TNMC Elections to be held u/s 5(1)(F) – regarding.

I have nominated as a Candidate onfor the Elections called for by Tamilnadu Medical Council. Now, due to personal reasons, I am withdrawing my candidature from the Elections on my own decision. Kindly accept my withdrawal of nomination.

Thanks & Regards,

Yours truly,

(Signature)

Note : Hard copy of this form duly filled have to be submitted to the returning officer in person by the candidate or through an authorised Registered Medical Practitioner. In addition a scanned copy shall be submitted by mail to elections@tamilnadumedicalcouncil.org from the email address stated in the nomination form.