Date: 19.12.2024



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore

4th T Block, Jayanagar, Bangalore - 560 041

RGUHSB/RRAC/AUTH(ELE)/3/2024-AUTH-RGUHS

NOTICE OF ELECTION

ELECTION TO THE SYNDICATE OF THE RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BANGALORE – 560 041

It is hereby informed to the members of the Senate of Rajiv Gandhi University of Health Sciences, Karnataka, that under clause (vii) of Section 24 of the RGUHS Act, 1994, they are to elect **three** members among themselves to the Syndicate of the Rajiv Gandhi University of Health Sciences, Karnataka.

Notice is hereby given that the above election will be held at the Special Meeting of the Senate scheduled on <u>Thursday</u>, the 16th January 2025 at <u>Syndicate Hall</u>, 1st Floor, RGUHS, Bangalore.

The Calendar of events for the said election is as under:

S1.	Events	Date	Time
No.			
i)	Date and time of commencement of filing of nominations	20.12.2024 Friday	10.30 A.M
ii)	Last date and time for receipt of nominations	30/12/2024 Monday	04.00 P.M
iii)	Date and time for scrutiny of nominations	30/12/2024 Monday	04.15 P.M to 05.00 P.M
iv)	Last date and time for withdrawal of nominations	03/01/2025 Friday	03.00 PM
v)	Announcement of Final Candidates	03/01/2025 Friday	05:00 PM
vi)	Date of Election (if required)	16/01/2025 Thursday	10.30 A.M To 01.00 P.M
vii)	Date & Time of Counting (if election is held)	16/01/2025 Thursday	01.30 P.M onwards
viii)	Declaration of Results (if election is held)	16/01/2025 Thursday	Immediately after completion of counting of votes

All the members of the Senate are eligible to participate in the Election. Under Statutes 5.9 (5) Elections to the Authorities of the University, voting shall be by personal ballot in accordance with the system of single proportional representation by means of single transferable vote.

Nomination papers shall be in the attached form. The nomination paper should reach the Returning Officer, The Registrar/Deputy Director (Authority), Rajiv Gandhi University of Health Sciences, Karnataka, 4th 'T' Block, Jayanagar, Bangalore – 560 041 before the date and time fixed for the purpose.

Every candidate shall deposit with the University a sum of Rs. 100/-through UPI ID: *cfst20002730@cub* or QR code attached and attach the payment receipt or Demand Draft in favour of the Registrar, Rajiv Gandhi University of Health Sciences, Bangalore which shall accompany his nomination paper. The candidate shall not be deemed to be duly nominated unless the said deposit has been made.

Any nomination paper which is received after the date and time fixed or which is not accompanied by the deposit receipt referred to in St. 5.11 or which does not comply with any of the formalities required by the Statutes shall be rejected.

As per Statute 5.11 (2) - The deposit referred to in clause (1) shall be forfeited to the University if the candidate is not elected and number of votes credited to him at the last count before he is excluded or before the last of the successful candidate is elected with less than one eighth of the quota.

After the last day and time fixed for receipt of nominations, at the time and place fixed and notified in the notice of elections, the Registrar or any person nominated by him shall scrutinize the nominations and decide their validity. The candidate or his agent duly authorized in writing shall be entitled to be present at such scrutiny.

A list of candidates whose nomination papers have been declared valid will be published on the Notice Board in the office of the University / Website, on the same day.

In case of dispute about the decision as to the validity or otherwise of any nomination, the matter may be referred to the Vice-Chancellor or in his absence to the Dean of the Faculty, as designated by Vice-Chancellor whose decision shall be final.

Any candidate may withdraw his candidature by a notice in writing and attested to by two voters in the form prescribed and all such applications should reach the office of the Registrar before the time fixed on the date notified for the purpose.

The Returning Officer or any person nominated by him will publish as soon as practicable on the Notice Board / Website a final list of candidates whose nominations are valid.

By Order,

REGISTRAR

То

All the Members of the Senate, RGUHS.

Copy to: -

- 1. The Special Secretary to Governor, Raj Bhavan, Bangalore 560 001.
- 2. The Principal Secretary to Government, Health and Family Welfare (Medical Education), M S Building, Bangalore 560 001.
- 3. PA to Vice-Chancellor / Registrar / Registrar (Evaluation)/ Finance Officer, RGUHS.
- 4. Webserver: To host on RGUHS website.
- 5. Guard File.



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore

4th T Block, Jayanagar, Bangalore - 560 041

ELECTION TO THE SYNDICATE AMONGST THE MEMBERS OF THE SENATE

(Under Section 24(vii) of RGUHS Act, 1994)

FORM OF NOMINATION PAPER

Election to the Syndicate of RGUHS under 24(vii) of RGUHS Act, 1994.

I	DETAILS OF THE CANDIDATE		
1.	Name of the Candidate		
	(In block letters)		
2.	Father's Name		
3.	Mother's Name		
4.	Age & Date of Birth		
5.	Educational Qualification		
6.	Contact Address		
	(i) Official		
	(ii) Residential		
	(iii) Mobile No (iv) Email id		
7.		Constituency:	
	Particulars in the Senate Electoral		
	Roll dated	Sl. No:	Page No:

111.	PARTICULARS OF THE VOTER PRO	OPOSING THE NOMINATION.
1.	Name of the Proposer	
2.	Father's Name	
3.	Mother's Name	
4.	Age & Date of Birth	
5.	Educational Qualification	
6.	Contact Address	
	(i) Official	
	(ii) Mobile No	
	(iii) Email id	
7.	Particulars in the Senate Electoral	Sl.No: Page No:
	Roll	
		Constituency:
8.		
	Signature with date	
III.	PARTICULARS OF THE VOTER SEC	CONDING THE NOMINATION.
III. 1.	PARTICULARS OF THE VOTER SEC	CONDING THE NOMINATION.
		CONDING THE NOMINATION.
1.	Name of the Proposer Father's Name Mother's Name	CONDING THE NOMINATION.
1. 2.	Name of the Proposer Father's Name Mother's Name Age & Date of Birth	CONDING THE NOMINATION.
1. 2. 3.	Name of the Proposer Father's Name Mother's Name	CONDING THE NOMINATION.
1. 2. 3. 4.	Name of the Proposer Father's Name Mother's Name Age & Date of Birth	CONDING THE NOMINATION.
1. 2. 3. 4. 5.	Name of the Proposer Father's Name Mother's Name Age & Date of Birth Educational Qualification	CONDING THE NOMINATION.
1. 2. 3. 4. 5.	Name of the Proposer Father's Name Mother's Name Age & Date of Birth Educational Qualification Contact Address	CONDING THE NOMINATION.
1. 2. 3. 4. 5.	Name of the Proposer Father's Name Mother's Name Age & Date of Birth Educational Qualification Contact Address	CONDING THE NOMINATION.

7.	Particulars in the Senate Electoral	Sl. No: Page No:
	Roll	
		Constituency:
8.		
	Signature with date	
IV.	Were you a member of Senate in	
	RGUHS earlier? If so, give details:	
	(Tick $$ the appropriate)	a) I Senate FromTo
	(i) By nomination yes No	b) II Senate FromTo
	(ii) By Election yes No	c) III Senate FromTo
	(iii) Any other	
V.	Particulars of the deposit amount	Amount
	paid	DD / UPI reference . No
		Name of the Bank
		Date

DECLARATION BY THE CANDIDATE

best of my knowledge as	regoing information is correct and complete to the nd belief. I am a full time employee of(Name ag as(designation) in the
-	I declare that I was not a
31 of RGUHS Act, 1994. I f	st two consecutive terms as defined under section further declare that I have not been convicted by , which involves moral turpitude. I agree to this
Place: Date:	Signature of the Candidate
	Signature of the Candidate

RETURNING OFFICER



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore

4th T Block, Jayanagar, Bangalore - 560 041

FORM FOR WITHDRAWAL OF NOMINATION FOR ELECTION TO THE SYNDICATE AMONGST THE MEMBERS OF THE SENATE

amon	I hereby withdraw the nomination filed by me for the election to the Syndicate agst the members of the Senate of Rajiv Gandhi University of Health Sciences
	e of the Candidate
	gnation and Address
	ature with Date
Place Date	e: and Time:
	ATTESTED BY
1.	(A) Name, Designation, affiliated college of the Voter:
(B) (C)	Date of Birth :
2.	(A) Name, Designation, affiliated college of the Voter :
	(B) Date of Birth:(C) Signature with Date:
This	nomination paper was received by me at Hour
on th	ne (date)

RETURNING OFFICER

QR CODE FOR MAKING DEPOSIT PAYMENT

