

Healthcare Devices Association of Pakistan



Office # 301, 3rd Floor, Speedy Tower, Plot # 129/I, Main Korangi Road, Phase-I, DHA, Karachi-75500

NOMINATION FORM

The Secretary General
HealthCare Devices Association of Pakistan
KARACHI.

Sub: Election for **2024-26** for **Woman Entrepreneur**

Dear Sir,

(Name of Candidate)

I, Mr. / Ms. _____

representative of M/s. _____

Membership No. _____ Corporate Member Associate Member

Being a member of the Healthcare Devices Association of Pakistan who has been duly proposed and seconded to be a candidate for election of above mentioned office of Association as will be seen from the endorsements below, do here by agree to serve as such, if elected, and agree to abide by the provisions of the Memorandum and Articles of the said Association and rules and regulations farmed there under.

Signature of Candidate

(Name of Proposer)

I, Mr. / Ms. _____

representative of M/s. _____

Membership No. _____ of the Healthcare Devices Association of Pakistan do hereby proposed above candidate for election of above mentioned office of the Association.

Signature of Proposer

(Name of Seconder)

I, Mr. / Ms. _____

representative of M/s. _____

Membership No. _____ of the Healthcare Devices Association of Pakistan do hereby seconded above candidate for election of above mentioned office of the Association.

Signature of Seconder

TO BE COMPLETED BY ELECTION COMMISSION:

We certify that we have scrutinized the above nomination and:

- (a) found in order, and hereby declare that the nominee is a valid candidate for the office aforementioned.
- (b) have not found it in order for the reason(s) stated hereunder.

Date _____

(Signature of Members of Election Commission)