



M. 9416632667

HARYANA CHARTERED ASSOCIATION OF PHYSIOTHERAPIST
Establish Under Act 21 of 1860 Haryana & Punjab Amendment Act - 1957
Web. www.hcap.org.in

NAME WITHDRAWAL FORM H.C.A.P. ELECTIONS for Year 2023-2026)

To

The Returning Officer

I _____, nominated myself for the post of
_____ in the H.C.A.P. Elections for year
(2023-2026) do hereby submit my form that I wish to withdraw my candidature from the above-
mentioned post.

I am attaching a Self-attested copy of Aadhar Card & HCAP membership certificate along with
the letter to authenticate my identity for withdrawal.

Name:

Address:

Contact No:

E-mail id:

Date:

Signature of the Candidate

EMINENCE THROUGH EXCELLENCE