

**INDIAN ACADEMY OF PEDIATRICS, ORISSA STATE BRANCH
ELECTION FOR THE YEAR 2010**

NOMINATION FORM

(PLEASE FILL UP THE FORM IN BLOCK LETTERS)

Name of the post for which the candidate is nominated

Name of the candidate (in full)

Candidate's Address

.....

IAP Membership No. of the candidate

Telephones (STD Code.....) (Off) (Resi) (Mob)

E-mail

Name of the proposer

Proposer's Address

.....

IAP Membership No. of the proposer

Telephones (STD Code.....) (Off) (Resi) (Mob)

Proposer's signature and date

Name of the seconder

Seconder's Address

.....

IAP Membership No. of the seconder

Telephones (STD Code.....) (Off) (Resi) (Mob)

Seconder's signature and date

DECLARATION OF THE CANDIDATE

I hereby declare that I consent to this nomination and that the informations given are true and correct to the best of my knowledge and belief.

Place :

Date :

.....
(Signature of the candidate)

Details of Payment of Nomination :

Amount Paid

Bank Draft Number and Date

Issuing Bank