

INDIAN ACADEMY OF PEDIATRICS, ORISSA STATE BRANCH

ELECTION FOR THE YEAR 2011

NOMINATION FORM

(PLEASE FILL UP THE FORM IN BLOCK LETTERS)

Name of the post for which the candidate is nominatred.....

Name of the candidate (if 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