



**IAP CHAPTER OF NEURODEVELOPMENTAL PEDIATRICS
NOMINATION FORM – 2024**
(PLEASE READ INSTRUCTIONS & FILL-UP THE FORM IN BLOCK LETTERS)

Name of the post for which the Candidate is nominated

.....

Name of the Candidate (in full)

.....

(As registered with CNDP)

Candidate's Address (as per proof)

.....

District..... State..... PIN.....

IAP Membership No. of the Candidate Member since

IAP NDP Membership No. of the Candidate Member since

.....

Telephones (STD Code) (Office) (Residence)

Mobile Email

Offices held by the candidate in IAP NDP & Year(s)

Name of the Proposer (in full)

(As registered with CNDP)

Proposer's Address (as with CNDP)

.....

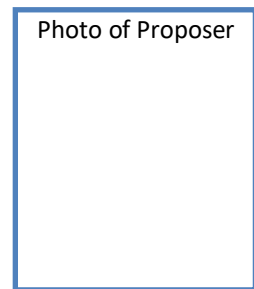
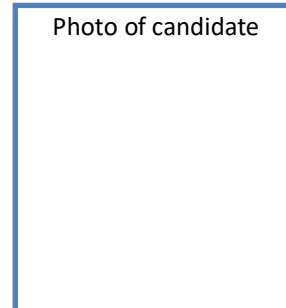
IAP Membership No. of the Proposer.....

IAP NDP Membership No. of the Proposer.....

Telephones (STD Code) (Office) (Residence)

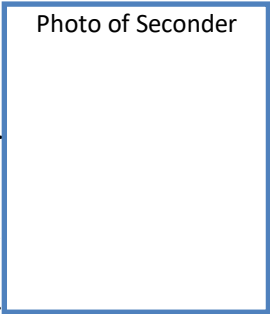
Mobile Email

- Proposer's Signature & Date





Name of the Seconder (in Full)
 (As registered with CNDP)



Seconder's Address (as with CNDP)

IAP Membership No. of the Seconder

CNDP Membership No. of the Seconder

Telephones (STD Code) (Office) (Residence)

Mobile Email

- Seconder's Signature & Date

DECLARATION BY THE CANDIDATE

"I hereby declare that I consent to this nomination and that the information given here in above is true and correct to the best of my knowledge and belief."

Name of Candidate:

Signature:

Place:

Date:

INSTRUCTIONS

1. Please make sure about eligibility for the applied post and eligibility/validity of proposer and seconder.
2. A member shall be ineligible for contesting more than one post finally after withdrawing from other posts for which nominations have been filed, if any.
3. Fill complete form in **Capital Letters**. Incomplete & inaccurate forms will be rejected.
4. Read carefully all the details given in election notice before filling the form.
5. Make sure all particulars given are true, correct and as per record of Chapter of NDP office.
6. Others as per requirement.
7. **If a digital signature has been used for Proposer and Seconder, a mail confirming the same should be sent to Chief election commissioner drleenadeshpande@gmail.com and chapter e mail cdgiap@gmail.com and from respective proposer and seconder for candidate's nomination as per the last date to receive nomination forms.**



CHECK LIST OF ENCLOSURES

1. Completely filled Nomination Form
2. Passport size photograph of the candidate.
3. Self-Attested copy of the ID proof.
4. Proposer ID Proof & Passport size Photograph
5. Secorder ID Proof & Passport size Photograph

Last date and time for application-

The completed nomination form should reach on or before 5:00 PM on 6 November 2024 at by email at drleenadeshpande@gmail.com & cdgiap@gmail.com

Office of the Election Commission of Chapter of Neurodevelopmental Pediatrics:

Dr Leena Deshpande
Chief election Commissioner