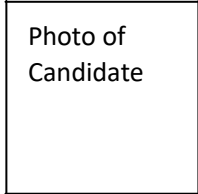


NOMINATION FORM – 2019

(PLEASE READ INSTRUCTIONS & FILL-UP THE FORM IN BLOCK LETTERS)



Name of the Office 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

CNDP Membership No. of the Candidate Member since

Telephones (STD Code) (Office) (Residence)

Mobile Email

Offices held by the candidate in CNDP & Year(s)



Name of the Proposer (in full)
(As registered with CNDP)

Proposer's Address (as with CNDP)

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

CNDP 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 hereinabove 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 CNDP office.
6. Others as per requirement.

CHECK LIST OF ENCLOSURES

1. Completely filled Nomination Form
2. Passport size photograph of the candidate signed on the reverse
3. Self-Attested copy of the ID proof.
4. Proposer ID Proof & Passport size Photograph (self attested)
5. Seconder ID Proof & Passport size Photograph (self attested)

Last date and time for application-

The completed nomination form should reach on or before 5:00 PM on 2nd November 2019 at :

Office of the Election Commission of CNDP IAP:

Dr SS Kamath,
The Election Commissioner,
IAP Chapter of Neuro Developmental Pediatrics.
c/o IMA House , 7th floor, Behind J.N. International stadium,
JNS road, Palarivattom, P.O.Kochi-682025

cdgiap@gmail.com