



INDIAN SOCIETY OF PERIODONTOLOGY

ELECTION 2018-2019

NOMINATION FORM

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NAME OF THE POST
APPLIED FOR

CANDIDATE

NAME : _____ Membership No. _____

ADDRESS : _____

_____ PIN _____

Telephone No. with STD Code: _____ Mobile No. _____

E-mail: _____

PROPOSER

I Dr. _____ Membership No. _____ hereby
propose the name of Dr. _____
(Candidate name) for the post of _____ for the year 20 -

Signature of the Proposer

SECONDER

I Dr. _____ Membership No. _____ hereby
second the name of Dr. _____ (Candidate
name) for the post of _____ for the year 20 -

Signature of the Seconder

CONSENT OF THE CANDIDATE

I Dr. _____ (Candidate Name) hereby accept the above
nomination for the post of _____ for the year 20 -

ELIGIBILITY DECLARATION BY THE CANDIDATE

Attendance in the Annual General Body Meeting/Executive Committee Meeting					
ANNUAL GENERAL BODY MEETINGS	YEAR	YEAR	YEAR	YEAR	YEAR
	PLACE	PLACE	PLACE	PLACE	PLACE
	Present/Absent	Present/Absent	Present/Absent	Present/Absent	Present/Absent
EXECUTIVE COMMITTEE MEETINGS	YEAR	YEAR	YEAR	YEAR	YEAR
	No. of Meeting Attended	No. of Meeting Attended	No. of Meeting Attended	No. of Meeting Attended	No. of Meeting Attended
	Attendance Percentage	Attendance Percentage	Attendance Percentage	Attendance Percentage	Attendance Percentage

Place:

Date:

Signature of the Candidate