



Indian Association of Preventive and Social Medicine



Nomination Form for Elections of Indian Association of Preventive & Social Medicine 2024 - 25

Date: _____

To,
Dr. Pradeep Kumar
Chairman Election Panel
C/o - Department of Community Medicine,
Dr MK Shah Medical College, Ahmedabad 382424
Email id: iapsm.election2024@gmail.com

Sir,

I, (Proposer) Dr. _____, hereby propose the name of
Dr. _____ (designation) _____ of
(address of the nominee) _____
for the office of **President (Elect) / Executive Member of the Governing Council of IAPSM/ Editorial
board member of IJCM** for the year **2023-2024** have confirmed that he/she is eligible for election to the
office of IAPSM/IJCM.

We understand that if the nomination form is not in order, it is likely to be rejected.

*Name (**Proposer**) _____ Signature _____
Date _____ Life membership No. _____ Address _____
Telephone _____ Email _____ Mobile _____

I hereby second this proposal

*Name (**Second**) _____ Signature _____
Date _____ Life membership No. _____ Address _____
Telephone _____ Email _____ Mobile _____

I have no objection.

Name (**Nominee**) _____ Signature _____
Date _____ Life membership No. _____ Address _____
Telephone _____ Email _____ Mobile _____

Detail about the Demand Draft /At par cheque/Online Transaction:

No: _____ Issuing Bank _____ & Branch _____
UTR No. _____ Date: _____

(*The name of those proposing and seconding must be on the Register of Members of the
Association)

Office use Only

Accepted/Rejected (With Reason) _____

Signature: _____