

NOMINATION FORM FOR ELECTION

Name of the Post: - _____

Name and address of the Nominee _____

Proposed by

Seconded by

Signature

Signature

Name and Address

Name and Address

DNA Membership No.

DNA Membership No.

1. Dr. _____ hereby give my consent for my nomination for the post of _____ of Delhi Neurological Association, the election for which are scheduled on _____

Signature

Name and address _____

Membership No. _____

Last date for receipt by Returning Officer: -----

(Please enclose Bio-Data of the nominee under the following specific heads).

General Achievements

Contribution to Delhi Neurological Association

Contribution to Neurosciences

Candidate seeking election for any post shall not canvass support by issuing an appeal, soliciting votes or casting aspersions on a candidate or by collecting votes personally. Complaints, if any, about canvassing or malpractice should be made by the complaint in writing to the Executive committee duly substantiated with evidence.