



**Indian Academy of Oral Medicine & Radiology**  
**2019 ELECTION NOMINATION FORM (2 PAGES)**



**CONTESTANT'S DETAILS**

Name of the Contestant: Dr. ....

Post contesting for (Tick mark)#: President-Elect (2019-20) [ ] Vice-President (2019-20) [ ]

Honorary General Secretary (2019-21) [ ]      Head Office Joint Secretary (2019-21) [ ]      Head Office Treasurer (2019-21) [ ]

Registered Office Secretary (2019-21) [ ]      Registered Office Joint Secretary (2019-21) [ ]      Registered Office Treasurer (2019-21) [ ]

Editor-in-Chief (2019-21) [ ]      Executive Committee Member (2019-20) [ ]

# The years in brackets mentioned beside each post are not to be construed as calendar years. Each term, mentioned above, begins following the installation ceremony at the AGBM and ends prior to the installation ceremony of the post's successor at the subsequent AGBM, as per the post's tenure.

IAOMR Membership No: LM ..... (Only life members allowed and in case the IAOMR membership no. is not there, please contact the HGS in this regard)

Full correspondence address of the contestant: .....  
 .....  
 .....

City / Town / Village: ..... State: ..... Pincode: .....

Telephone Nos. (With STD Code): (R) ..... (C) .....

Fax No.: ..... Mobile Nos.: .....

E-Mail Address: ..... @ .....

I, the undersigned, declare that I have ..... years of good standing experience as an IAOMR life member (after completion of my MDS degree) and have served the Academy as an office bearer for at least 0 / 2 / 3 (strike off nonapplicable numeral) terms as mentioned below:

S. No.	Name of Post	Term [Mention year(s)]*
Example-1	E.C. Member	2005
Example-2	Hon. Gen. Secretary	2010 and 2011
1		
2		
3		

\* TERM does not mean year. For e.g., one term of Hon. Gen. Secretary lasts for two years.

Signature of Contestant: .....

**PROPOSED BY**

Name: Dr. ....

IAOMR Membership No: LM ..... (Only life members allowed and in case the IAOMR

membership no. is not there, please contact the HGS in this regard)

Full correspondence address: .....  
.....  
.....

City / Town / Village: ..... State: ..... Pincode: .....

Telephone Nos. (With STD Code): (R) ..... (C) .....

Fax No.: ..... Mobile Nos.: .....

E-Mail Address: ..... @ .....

Signature: .....

**SECONDED BY**

Name: Dr. ....

IAOMR Membership No: LM ..... (Only life members allowed and in case the IAOMR membership no. is not there, please contact the HGS in this regard)

Full correspondence address: .....  
.....  
.....

City / Town / Village: ..... State: ..... Pincode: .....

Telephone Nos. (With STD Code): (R) ..... (C) .....

Fax No.: ..... Mobile Nos.: .....

E-Mail Address: ..... @ .....

Signature: .....

**DETAILS OF PAYMENT OF NON-REFUNDABLE DEPOSIT (ONLINE PAYMENT ONLY)**

Amount : Rs. 5000/-, Bank Name : Vijaya Bank, Branch : Raja Rajeswari Nagar, Bengaluru,

A/C Number : 401101011006397, A/C Name : Indian Academy of Oral Medicine and Radiology,

Account Type : SB, IFSC code : VJIB0001422, Type of online payment: NEFT / RTGS / IMPS /

Payment App ( \_\_\_\_\_ ) / Others ( \_\_\_\_\_ )

Transaction Date: ( \_\_\_\_\_ ) Transaction No.: ( \_\_\_\_\_ )

Bank from which credited: \_\_\_\_\_ Branch from which credited: \_\_\_\_\_

**FOR HEAD OFFICE USE ONLY (PRE-ELECTION)**

Received by the Secretary on ..... / ..... / 2019 by post / hand-delivery at..... : ..... AM / PM

Secretary's Remarks if any: .....

Secretary's Signature: ..... (Dr. Satheesha Reddy B.H.)

**FOR HEAD OFFICE USE ONLY (POST-ELECTION)**

Result of Election: Not-elected / Elected (for the post of .....)

No. of votes received: .....

Signature of Returning Officer-1: ..... (Name: Dr. ....)

Signature of Returning Officer-2: ..... (Name: Dr. ....)

Secretary's Signature: ..... (Dr. Satheesha Reddy B.H.)

**For more details contact:**

IAOMR Head Office  
Dr. Satheesha Reddy B.H.  
Hon. Gen. Secretary  
#170, 9th Main, 7th Cross, BEML Layout,  
3rd Stage, Raja Rajeshwari Nagar, Bangalore – 560098, Karnataka  
Mobile: + 91 – 9341229971  
e-mail: hgs\_iaomr@yahoo.in

