



Indian Academy of Oral Medicine & Radiology



2018 ELECTION NOMINATION FORM (2 PAGES)

CONTESTANT'S DETAILS

Name of the Contestant: Dr.

Post contesting for (Tick mark): 1) President-Elect (2019).....[]

2) Vice-President (2019).....[]

3) Head office joint secretary..[]

(2019-20) female only

4) Executive member (2019)...[]

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

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

City / Town / Village: State: Pin-code:

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

Fax No.: Mobile Nos.:

E-Mail Address: @

I, the undersigned, declare that I haveyears 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 0 / 2 / 3(strike off nonapplicable numeral) terms as mentioned below:

S. No.	Name of Post	Term [Mention year(s)]	No. of years
Example-1	E.C. Member	2005	1
Example-2	Hon. Gen. Secretary	2010-11	2
1			
2			
3			

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: Pin code:
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

Amount: Rs. 5000/- and Mode of payment: Only Demand Draft to be submitted along with the nomination form, in favour of INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY payable at Bangalore. Karnataka

DD Date: DD No.:
Bank: Branch:

FOR HEAD OFFICE USE ONLY (PRE-ELECTION)

Received by the Secretary on / / 2018 by mail / 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.)
Signature of Secretary: (Dr.Satheesha Reddy.B.H)

For more details contact:

Dr.SatheeshaReddy.B.H.

Hon.Gen.Secretary.

170,9thMain,7thCross,BEMLLayout 3rd Stage, RajarajeshwariNagar,Bangalore-560098

**Mobile:+ 91 -9341229971. e-mail: hgs_iaomr@yahoo.in
satheeshareddy@gmail.com**

ELIGIBILITY CRITERIA:

President-Elect1) He/She should be a life member of IAOMR.

2) Ten years of good standing experience as a life member.

3) He/She should have served the office for a minimum of 3 terms.

Vice-president....1)He/She should be a life member of IAOMR.

2) Ten years of good standing experience as a life member.

3) He/She should have served the office for a minimum of 3 terms.

Head Office Joint Secretary... 1)She should be a life member of IAOMR.

2) She should have at least five years of good standing life member.

EC Member1) He/She should be a life member of IAOMR.

2) He/She should have at least five years of good standing life member.

**NOTE;ALONG WITH NOMINATION FORM PLEASE SEND THREE HARD COPIES OF
PASSPORT SIZE PHOTOGRAPHS OF APPLICANT .**

