



Indian Academy of Oral Medicine & Radiology



2017 ELECTION NOMINATION FORM (2 PAGES)

CONTESTANT'S DETAILS

Name of the Contestant: Dr.

Post contesting for (Tick mark): President-Elect (2018) [] Vice-President (2018) []

Honorary General Secretary (2018-19) [] Head Office Joint Secretary (2018-19) [] Head Office Treasurer (2018-19) []

Registered Office Secretary (2018-19) [] Registered Office Joint Secretary (2018-19) [] Registered Office Treasurer (2018-19) []

Editor-in-Chief (2018-19) [] Executive Committee Member (2018) []

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 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: 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

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

Cheque/DD Date: Cheque/DD No.:

Bank: Branch:

FOR HEAD OFFICE USE ONLY (PRE-ELECTION)

Received by the Secretary on / / 2017 by mail / hand-delivery at..... : AM / PM

Secretary's Remarks if any:

Secretary's Signature: (Dr. RAVI KIRAN A.)

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. RAVI KIRAN A.)

For more details contact:

IAOMR Head Office

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SIBAR Institute of Dental Sciences, Takkellapadu, Guntur – 522509, Andhra Pradesh

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