



Indian Academy of Oral Medicine & Radiology



2023 ELECTION NOMINATION FORM (2 PAGES)

CONTESTANT'S DETAILS

Name of the Contestant: Dr.

Life Membership No of contestant :

Post contesting for (Tick mark)#:

- | | |
|--|--------------------------|
| 1. President-Elect (2023-24) | <input type="checkbox"/> |
| 2. Vice-President (2023-24) | <input type="checkbox"/> |
| 3. Honorary General Secretary (2023-25) | <input type="checkbox"/> |
| 4. Head office joint secretary (2023-25) | <input type="checkbox"/> |
| 5. Head office Treasurer (2023-25) | <input type="checkbox"/> |
| 6. Registered office secretary (2023-25) | <input type="checkbox"/> |
| 7. Registered office joint secretary (2023-25) | <input type="checkbox"/> |
| 8. Registered office Treasurer (2023-25) | <input type="checkbox"/> |
| 9. Editor in Chief (2023-25) | <input type="checkbox"/> |
| 10. Executive Committee Member (2023-24) | <input type="checkbox"/> |

Full correspondence address of the contestant:

.....
.....

Place: State: Pincode:

(Mobile):

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 /1/ 2 / 3 (strike off non applicable numeral) terms as mentioned below:

S. No.	Name of Post	Term [Mention year(s)] Attach proof/certificate
1		
2		
3		

Signature of Contestant:

PROPOSED BY

Name: Dr.

IAOMR Membership No: LM

Full correspondence address:

.....

.....

Place: State: Pincode:

Mobile Nos.:

E-Mail Address:

Signature:

SECONDED BY

Name: Dr.

IAOMR Membership No: LM

Full correspondence address:

.....

.....

Place: State: Pincode:

Mobile Nos.:

E-Mail Address:

Signature:

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

Amount : Rs. 5000/-, Bank Name : Bank of Baroda Branch : Yenepoya University Branch
A/C Number : 74460100002110, A/C Name : Indian Academy of Oral Medicine and Radiology,
Account Type : SB, IFSC code : BARB0VJDEYU, (0 should be read as zero)

Transaction detail with Ref number: _____

FOR HEAD OFFICE USE ONLY (PRE-ELECTION)

Received by the Secretary on / / 2023 by post / hand-delivery at..... : AM / PM

Secretary's Remarks if any:

Secretary's Signature: (Dr. Prashanth Shenoy.)

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. Prashanth Shenoy.)



