

INDIAN ACADEMY OF PEDIATRICS DELHI

(Secretariat: 113-114, First Floor, (Punjab & Sind Bank Bldg.) 21 Rajendra Place, New Delhi 110 008)

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NOMINATION FORM IAP DELHI ELECTIONS FOR THE YEAR 2025

(PLEASE READ ELECTION RULES AND REGULATIONS & FILL-UP THE FORM IN BLOCK LETTERS)

Name of the **Post applied** for: _____

Offices held by the candidate in IAP Delhi Year(s): _____

Name of the Candidate: _____

Candidate's Address: (as per IAP Delhi record) _____

IAP Delhi M/ship No. of the Candidate: _____ Central IAP M/ship No. of the Candidate: _____

Mobile: _____ Email: _____

Name of the Proposer: _____

Proposer's Address: (as per IAP Delhi's record) _____

IAP Delhi M/ship No. of the proposer: _____ Central IAP M/ship No. of the proposer: _____

Mobile: _____ Email: _____

Date: _____ **Place** _____ **Proposer's Signature:** _____

Name of the Seconder: _____

Proposer's Address (as per IAP Delhi's record) _____

IAP Delhi M/ship No. of the Seconder: _____ Central IAP M/ship No. of the Seconder: _____

Mobile: _____ Email: _____

Date: _____ **Place** _____ **Seconder's Signature:** _____

Declaration by the Candidate: The candidates are required to give the following declaration on the nomination form:

I hereby declare that I have read the Election Notification. I want to contest for the above mentioned post in Indian Academy of Pediatrics Delhi Executive Board for the year 2025 (January - December). I have read the criteria for elections (given overleaf).

Date: _____ **Place** _____ **Candidate's Signature:** _____

For office use only

Information furnished by the candidate has been checked and found correct. Eligibility of the candidate for the post applied for has been checked and the nomination for the post of _____ is accepted/rejected.

Chief Election Commissioner/Election Commissioner

Notes:

1. Nomination Form should be filled up carefully and completely. Incomplete forms will be summarily rejected.
2. Nominations received after the expiry of the deadline will not be considered.