



INDIAN ORTHODONTIC SOCIETY
IOS ANNUAL ELECTIONS
NOMINATION FORM

(Article 21, 22 of Indian Orthodontic Society Constitution)

NOMINATION FOR THE POST OF.....
FOR THE YEAR

NAME OF THE CANDIDATE: **AGE:** **SEX:**

MEMBERSHIP No.: LM..... **E MAIL:**

ADDRESS:

..... **PIN:**

TEL. NO. WITH CODE: **MOB:**

PREVIOUS POST/S HELD IN I. O. S. MANAGEMENT / EXECUTIVE COMMITTEE:

No.	POST HELD	YEAR	% OF ATTENDENCE
1			
2			
3			

PREVIOUS ANNUAL GENERAL BODY MEETINGS ATTENDED:

No.	YEAR	PLACE
1		
2		
3		

PROPOSED BY:

I Dr. (Membership no. LM)
 here by propose Dr. for
 the post of for the year.....

Name & Signature of the proposer with date.

SECONDED BY:

I Dr. (Membership no. LM)
here by second the nomination of Dr.for
the post of for the year.....

Name & Signature of seconder with date.

CONSENT OF THE CANDIDATE:

I Dr.here by giving the consent for contesting for
the post offor the year
.....

The above furnished details of mine are true to the best of my knowledge.
I hereby promise faithfully to maintain and defend all the rights, liberties and privileges of I O S. and
promote the interests thereof to the utmost of my power.

Name & Signature of candidate with date.

Note: Kindly read election notification carefully before filling this form. Fill all columns for validity

If the candidate has been detained previously from contesting elections, give details.

FOR OFFICE USE ONLY

Verified by

Remarks
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**Mailing address: Hon. Secretary, IOS, Sree Balaji Dental College & Hospital, Velachery Main Road,
Narayanapuram, Pallikaranai, Chennai-600100**

