

**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**

**(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: \_\_\_\_\_

**Proposer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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: \_\_\_\_\_

**Seconder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Declaration by the Candidate**

I want to contest for the above mentioned post in the IAP Delhi Executive Committee for the year 2024 (January - December). I have read the criteria for elections (given overleaf).

**Signature:** \_\_\_\_\_

**Name of Candidate:** \_\_\_\_\_

Place: \_\_\_\_\_ date: \_\_\_\_\_

**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***