INDIAN ACADEMY OF PEDIATRICS DELHI

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

Email: iapdelhielection@gmail.com Website: www.iapdelhi.org

OFFICE OF IAP DELHI ELECTION

NOMINATION FORM IAP DELHI ELECTIONS FOR THE YEAR 2027

(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: _____ Local City Branch Name: _____

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

_____Pin Code: _____

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

Mobile: _____ Email: _____

Name of the Proposer: _____ Local City Branch Name: _____

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

_____Pin Code: _____

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: _____ Local City Branch Name: _____

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

_____Pin Code: _____

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

Mobile: _____ Email: _____

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

Please send scanned completed form with payment proof on email iapdelhielection@gmail.com **before 5:00 PM, 5th Nov, 2026**

Amount: _____ Transaction ID No.: _____ Date: _____

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 2027 (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 Returning Officer/ Returning Officer

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.
3. I have read Election Notice, code of conduct, MoA, Rules & Regulations and promise to abide by them.