

INDIAN ACADEMY OF PEDIATRICS

IAP SUBSPECIALTY CHAPTER ON

“GROWTH, DEVELOPMENT & BEHAVIORAL PEDIATRICS ”

ELECTION TO THE EXECUTIVE COMMITTEE FROM FELLOW, LIFE & ORDINARY

MEMBERS OF THE IAP SUBSPECIALTY CHAPTER / GROUP CELL

NOMINATION FORM

(for the session 2012 –13)

(PLEASE FILL-UP THE FORM IN BLOCK LETTERS)

Name of the Office for which the Candidate is Nominated : -----

Name of the Candidate (in full) : -----

Candidate's Address : -----

----- State -----

Subspecialty Chapter / Group / Cell Membership No. of the Candidate : -----

Central membership No. of the Candidate : -----

Telephones(STD Code: -----) (OFF) : ----- (RESI) : -----

FAX : ----- E.mail : -----

Name of the Proposer : -----

Proposer's Address : -----

Subspecialty Chapter / Group / Cell Membership No. of the Proposer: -----

Central membership No. of the Proposer : -----

Telephones (STD Code : -----) (off) ----- (Resi) : ----- (Fax) :

Proposer's Signature & Date : -----

Name of the Seconder : -----

Seconder's Address: -----

Subspecialty Chapter / Group / Cell Membership No. of the Seconder: -----

Central membership No. of the Seconder : -----

Telephones (STD Code : -----) (off) ----- (Resi) : ----- (Fax) :

Seconder's Signature & Date :

DECLARATION BY THE CANDIDATE

I hereby declare that I consent to this nomination

Place : -----

Date : ----- (Signature of the Candidate)

“ Duly filled Nomination paper to be sent to the Election Officer at

Dr.Dilip Kr. Mukherjee

9 / 1 Ramnath Pal Road Kolkata – 700 023

Mob: 098301 81877