

**The Coimbatore Branch of
Indian Medical Association**

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Please attach
your Photo
(Compulsory)

Nomination Paper – Office Bearers 2019

1	Nomination for the Office of Representation in	
2	Name, Address & D.O.B of the Candidate Mobile No.& Email ID (Must)	
3	Proposer's Name, Address & D.O.B Mobile No. & E Mail ID (Must)	
4	Proposer's Signature	
5	Secunder's, Name, Address & D.O.B Mobile No. & Email Id (Must)	
6	Secunder's Signature	

I hereby declare that I agree to be a candidate for the Office of / for the representation in thecommittee/Board/Council of / representation in the Coimbatore Branch of IMA.

Date..... Time.....

Signature of the Candidate

Declaration of Withdrawal

I hereby declare that I withdraw my nomination on this -----day of----- at----- (time) for the Office of/representation in the Coimbatore Branch of IMA.

Place:

Date:

Signature of the Candidate

For Office Use

1	Whether a Member of Coimbatore Branch of IMA	
2	Date and Time of filing the Nomination	
3	If withdrawn Date and Time	
4	Arrears on the date of Nomination	
5	Nomination whether Valid or Invalid	
6	If Invalid reasons for Invalidity	
7	Total votes polled	
8	No.of Votes secured	
9	Whether Elected	
10	Any other remarks	