



The Coimbatore Branch of Indian Medical Association

92, Syrian Church Road, Coimbatore 641 001.
Phone: 0422-2471824, Mobile: 9566365577
E Mail: imacoimbatore@gmail.com , www.coimbatoreima.com

Please attach
your Passport
Size Photo
(Compulsory)

Nomination Form for Elections - 2027

Member of PPLSSS (Must)		Membership No:
Member of FSS (Must)		Membership No:
Member of NHB (Applicable Only for NHB members)		Membership No:
1	Nomination for the Post of	
2	Name	
3	D.O.B	
4	Mobile Number (Must)	
5	Email ID (Must)	
6	Address of the Candidate	
7	Proposer's Name & Address	
8	Mobile No. & E Mail ID (Must)	
	Proposer's Signature	
9	Secunder's Name & Address	
10	Mobile No. & Email Id (Must)	
	Secunder's Signature	

I hereby declare that, I agree to be a candidate for the post of
.....of 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 fulfilling all eligibility criteria	
2	Date and Time of filing the Nomination	
3	If withdrawn Date and Time	
4	Nomination whether Valid or Invalid	
5	If Invalid reasons for Invalidity	
6	Total votes polled	
7	No.of Votes secured	
8	Whether Elected	
9	Any other remarks	