

NOMINATION FORM

Election for Executive Council (EC) of ICAAI - 2020

Part-A

I propose the name of Dr. _____ for the post of _____ of EC of Indian College of Allergy, Asthma and Applied Immunology.

Place : Signature of Fellow/Member (Proposer) _____

Date : Name (Capitals) _____

Address _____

*Email

Membership No. _____ *Mobile No.

Part-B

I second the above proposal made by Dr. _____ in favour of Dr. _____ for the post of _____ of EC of Indian College of Allergy, Asthma and Applied Immunology.

Place : Signature of Fellow/Member (Seconder) _____

Date : Name (Capitals) _____

Address _____

*Email

Membership No. _____ *Mobile No.

Part-C

I, Dr. _____ hereby agree to the proposal made by Dr. _____ in my favour and I consent to contest the election for the post of _____ of EC of Indian College of Allergy, Asthma and Applied Immunology.

Place : Signature of Candidate _____

Date : Name (Capitals) _____

Address _____

Membership No. _____

*Email

*Mobile No.

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*NOTE : Email IDs and Mobile Numbers of all essentially required.