



JHARKHAND CHAPTER

INDIAN ORTHOPAEDIC ASSOCIATION

NOMINATION FORM FOR ELECTION FOR TERM 2020-2021

1. Proposer

I hereby propose the name of Dr.....

Of(Place).....for the post of

Of Jharkhand Chapter, I.O.A. for the election2020-2021. I donot have any dues in our association.

Membership No.....

Signature.....

Date.....

Full Name.....

Postal Address.....

.....
Tel No.....

2. Seconder

Name ofis seconded by me for the post of

..... I donot have any dues in our association.

Membership No.....

Signature.....

Date.....

Full Name.....

Postal Address.....

.....
Tel No.....

3. Contestant

I,Dr.....have no objection in contesting for the post of.....for which nomination has been filled as per performa above.

I donot have any dues in our association. I have attended.....Annual conferences of our chapter. Photocopies of certificate of attended conferences are enclosed. I am member/life member since.....

I hereby declare that information given by me are correct and I owe the responsibility for the same.

Membership No.....

Signature.....

Date.....

Full Name.....

Postal Address.....

.....
Tel No.....

DR. R. SHARAN

President, JOA