



# Indian Association of Clinical Medicine

## NOMINATION PAPER FOR ELECTION

Office for which the

Candidate is Nominated.....

Name of the Candidate.....

Address of the candidate.....

Mobile :.....e-mail.....

Fellowship / Membership No.....

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Name of Proposer.....

Address of Proposer .....

Date : Signature of Proposer

Fellowship / Membership No.....

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Name of Seconder.....

Address of Seconder.....

Date : Signature of Seconder

Fellowship / Membership No.....

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### CONSENT OF THE CANDIDATE

I agree to serve on the Governing Body of the Association in the capacity of the nomination mentioned above, if elected.

Date : Signature of Candidate

Fellowship / Membership No.....

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Details of the Draft Enclosed :

Draft No.....Date.....

Amount.....of.....

For Office use only

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