



**Telangana Orthopaedic Surgeons Association
(TELANGANA Chapter of Indian Orthopaedic Association)**

NOMINATION FORM

Contestant

I, Dr..... bearing the permanent Life Member Ship wish to contest for the post of..... for the year 2021 - 2022. My date of birth is..... as per the records. The nomination is proposed by two Life Member of TOSA. Kindly accept my nomination. I will abide by the rules as given in the bye laws and framed by the election officer.

Date:

Signature:

The proposer and seconder should not propose or second any other Contestant otherwise the nomination will be disqualified and rejected.

Proposer

I, Dr. Life Member of TOSA (Life Member Ship No.) propose the name of Dr..... for the post of for the year 2021 - 2022.

Name of Address of the proposer Signature:

Date :

Secunder

I Dr. Life Member of TOSA (Life Member Ship No.) second the name of Dr. for the post offor the year 2021 - 2022.Name of Address of the proposer

Signature:

Date :

FOR OFFICE USE ONLY

Returning Officer

Certified that the contestant, proposer and seconder are Life Members of TOSA, and the nomination was filed within the stipulated time.

The nomination of Dr. of.....town has been accepted for the postof TOSA for the year 2021 - 2022.

The nomination is rejected. The reasons for rejection are

Date:

Signature: