



The Association of Otolaryngologists of India

Andhra Pradesh State Branch



Nomination Form

(For election to the post of office bearers for the year 2023-2024)

I here by forward my nomination for the post of _____
and here by declare that I shall personally attend/ my nominate will attend the counting of ballot papers for the election.

I Dr. _____ of _____

Membership No _____ am a member of good standing and declare that

1.President Elect	(One year)	(One)	<input type="checkbox"/>
2.Vice Presidents	(One year)	(Two)	<input type="checkbox"/>
3.Secretary	(Two year)	(One)	<input type="checkbox"/>
4.Treasurer	(Two year)	(One)	<input type="checkbox"/>
5.Joint Secretary	(One year)	(Two)	<input type="checkbox"/>
6.Executive Members	(One year)	(Four)	<input type="checkbox"/>

*Please click which ever is necessary

Date: _____

Full Name _____

*Proposed by : _____

Signature

Membership NO _____ Date: _____ Signature

*Seconded by :

Membership NO _____ Date: _____ Signature