



The Association of Otolaryngologists of India

Andra Pradesh State Branch



Nomination Form

(For election to the post of office bearers for the year 2025 – 2026)

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 as prescribed under the rules for the election of office bearers of AOI -AP State Branch. I am
eligible for contesting for the post of

<u>Name of the post</u>	<u>Term</u>	<u>No</u>	
1. President Elect	(One year)	(One)	<input type="text"/>
2. Secretary	(Two years)	(One)	<input type="text"/>
3. Treasurer	(Two years)	(One)	<input type="text"/>
4 . Vice Presidents	(One year)	(Two)	<input type="text"/>
5. Joint Secretary	(One year)	(Two)	<input type="text"/>
6. Executive Members	(One year)	(Four)	<input type="text"/>
7. <u>Academic Committee</u>			
a) Chairman	(Three years)	(One)	<input type="text"/>
b) Members	(Three years)	(Five)	<input type="text"/>
8. <u>Implementation Committee</u>			
a) Members	(Three years)	(Six)	<input type="text"/>
9. <u>Finance Committee</u>			
a) Members	(Six years)	(Six)	<input type="text"/>

* Please click which ever is necessary

Date : _____

Full Name _____

Signature

* Proposed by : _____

Membership NO _____ Date : _____ Signature

* Seconded by : _____

Membership NO _____ Date : _____ Signature