

JHARKHAND CHAPTER

INDIAN ORTHOPAEDIC ASSOCIATION

NOMINATION FORM FOR ELECTION FOR TERM 2022-2023

1. Proposer: I hereby propo	ose the name of
Dr	Of
(Place)	Of
•	or the election2022-2023. I do not have any dues in our association.
•	Signature
Date	Full Name
Address	(M)
2 Seconder :Name of	is seconded by me for the post of
	I do not have any dues in our association. Membership
	atureDate
•	Address
(M)	
3. Contestant I,Dr	have no objection in contesting for
the post of	for which nomination has been filled as per performa
above. I do not have any d	ues in our association. I have attendedAnnual conferences of
·	of certificate of attended conferences are enclosed. I am member/life
I hereby declare that inform	mation given by me is correct and I owe the responsibility for the same.
· · · · · · · · · · · · · · · · · · ·	Signature
	Full Name
(M)	