



IAN ELECTION 2018

INDIAN ACADEMY OF NEUROLOGY

NOMINATION FORM (Annexure 1)

Date:

Name of the Post: **President-Elect**

Name and Address of Nominee:

Proposed by

Seconded by

Signature _____ Signature _____

Name and Address _____ Name and Address _____

IAN No. LM _____ IAN No. LM _____

I, Dr.hereby give my consent for my nomination for the post of _____ of the Indian Academy of Neurology, the election for which is to be held in 2018.

Signature:

Name and Address:

IAN No. LM _____

Last date & Time for Receipt of Nomination	:	June 15, 2018, 05.00 pm
Last Date & Time of Withdrawal	:	July 05, 2018, 05.00 pm
Last date & Time of Receipt of Ballot Paper	:	August 31, 2018, 05.00 pm

P.S. Only LM can file in nominations, propose and second.

Please enclose a brief bio-data of the nominee in not more than 200 words.

Completed form should be sent to:

Dr. Satish Khadilkar
President Elect and Chief Electoral Officer, IAN
110, New Wing, 1st Floor,
Bombay Hospital, 12 New Marine Lines,
Mumbai - 400020

Note: - Please visit www.ianindia.org for eligibility criteria & term of office