



IAN ELECTION 2017
INDIAN ACADEMY OF NEUROLOGY
NOMINATION FORM (Annexure 1)

Date: _____

Name of the Post:

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 2017.

Signature:

Name and Address:

IAN No. LM _____

Last date & Time for Receipt of Nomination	:	June 15, 2017, 05.00 pm
Last Date & Time of Withdrawal	:	July 05, 2017, 05.00 pm
Last date & Time of Receipt of Ballot Paper	:	August 31, 2017, 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. Sanjeev Thomas
President Elect and Chief Electoral Officer,
Room 1409, Department of Neurology,
Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST),
Trivandrum – 695011, Kerala

Note: - Please visit www.ian.net.in for eligibility criteria & term of office