



## Form of nomination and consent for the post of

### IADVL Karnataka Executive Committee for 2020-21

*Please fill the form in duplicate (two sets) and send one copy to the Election Officer, Dr. B S Chandrashekar, and another copy to the Returning Officer & IADVL KN Honorary Secretary General, Dr. Savitha A S at the addresses given below OR as e mail so as to reach on or before 11 th July, 2020.*

**Proposed by:** I, Dr \_\_\_\_\_, LM No: LM/KN/\_\_\_\_\_.

Mobile no: \_\_\_\_\_; email id: \_\_\_\_\_;

do hereby propose Dr. \_\_\_\_\_; LM No: LM/KN/\_\_\_\_\_.

Mobile no: \_\_\_\_\_; email id: \_\_\_\_\_.

**Seconded by:** I, Dr \_\_\_\_\_, LM No: LM/KN/\_\_\_\_\_.

Mobile no: \_\_\_\_\_; email id: \_\_\_\_\_.

He/She is a member of good standing as per the Rules and bye-laws of IADVL KN for the post of \_\_\_\_\_ of the Indian

Association of Dermatologists, Venereologists & Leprologists for the year 2020-21.

### Declaration

We the proposer and seconder of the above nomination, are members of good standing as per the constitution of IADVL (Procedure of election of office bearers).

Signature of the Proposer

Date: \_\_\_ / \_\_\_ / 2020

Place: \_\_\_\_\_.

Signature of the Seconder

Date: \_\_\_ / \_\_\_ / 2020

Place: \_\_\_\_\_.

**Enclosures to be attached:**

1. Brief CV 200 words
2. Phototgraph
3. Letter of endorsement from the city branch Secretary confirming your position held in city branch (wherever required)

I have read and understood all relevant clauses of constitution with respect to the election process and am aware of the model code of conduct.

Signature of the Nominee

**Declaration by candidate of fulfilment of the eligibility conditions for the post of**

\_\_\_\_\_.

I, Dr \_\_\_\_\_; LM no LM/KN/\_\_\_\_\_;

date of passing MD/DDVL/DNB: \_\_\_\_\_; proposed for the post of

\_\_\_\_\_; do solemnly declare that I fulfill the conditions of eligibility for the post for which I am nominated under the Rules and bye-laws of the constitution of IADVL KN and will abide by the same inletter and spirit. I confirm that I have been residing in Karnataka for the last \_\_\_\_\_ years continuously.

I confirm that above information is true and am liable for action incase any of it is found false.

Signature:

Name and Address:

Email id:

Mobile number:

*Kindly post one completed copy with enclosures to the Election Officer and another copy with enclosures to the Returning Officer **OR** Electronic version may reach the undersigned latest by midnight 11th July 2020 in email to below email addresses marked*

**IMPORTANT: IADVL KN ELECTION APPLICATION**

**Election Officer**

Dr B S Chandrashekar

LM/KN/2727

**Ph no** 9740091155

**Email id:** cacs0312@hotmail.com

**Address:** Cutis Academy Of Cutaneous Sciences

5/1,4th Main, MRCR Layout, Vijaya Nagar, Bengaluru, Karnataka 560040

**Returning Officer**

Dr Savitha A S

LM/KN/5761

**Ph no** 9880512166

**Email id:** secretary@iadvlkarnatak.org

**Address:** Roots Institute of Dermatological Sciences

No.238, 1st H Main Rd, opposite Banaswadi Fire station,

OMBR Layout, Banasawadi, Bengaluru, Karnataka 560043