

NOMINATION FORM
Election for Executive Council (EC) of ICAAI - 2023-2024

Part- A

I propose the name of Dr. _____ for the post of _____ of EC of Indian College of Allergy, Asthma and Applied Immunology.

Place: _____ Signature of Fellow/Member (proposer) _____
Date: _____

Name (Capitals) _____
Address _____
*Email.....
Membership No. _____ *Mobile No.

Part-B

I second the above proposal made by Dr. _____ in favour of Dr. _____ for the post of _____ of EC of Indian College of Allergy, Asthma and Applied Immunology.

Place: _____ Signature of Fellow/Member (Seconder) _____
Date: _____

Name (Capitals) _____
Address _____
*Email.....
Membership No. _____ *Mobile No.

Part-C

I, Dr. _____ here by agree to the proposal made by Dr. _____ in my favour and I consent to contest the election for the post of _____ of EC of Indian College of Allergy, Asthma and Applied Immunology.

Place: _____ Signature Candidate _____
Date: _____

Name (Capitals) _____
Address _____
Membership No. _____

*Email..... *Mobile No.

*NOTE: Email IDs and Mobile Numbers of all essentially required.