

NOMINATION FORM

Elections for Secretary, Editor, Treasurer, President, Vice President, Joint Secretary, Council Member
from fellows and Council members from members of EC of ICAAI (2025-2027)

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 (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 (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 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.

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