



INDIAN DENTAL ASSOCIATION Kochi Branch

ELECTION 2024-2025

NOMINATION FORM

NAME OF THE POST
APPLIED FOR

CANDIDATE

NAME : _____ Membership No. _____

ADDRESS : _____

_____ PIN _____

Telephone No. with STD Code : _____ Mobile No. _____

E-mail: _____

PROPOSER

I Dr. Membership No..... hereby

propose the name of Dr.

(Candidate name) for the post offor the year 2024 - 25

Signature of the Proposer

SECONDER

I Dr. Membership No..... hereby

second the name of Dr.

(Candidate name) for the post offor the year 2024 - 25

Signature of the Seconder

CONSENT OF THE CANDIDATE

I Dr. (Candidate Name) hereby accept the above

nomination for the post offor the year 2024 - 25

Place:

Date:

Signature of the Candidate