

SURAT PEDIATRIC ASSOCIATION [SPACT]

NOMINATION FORM

[PLEASE FILL UP THE FORM IN BLOCK LETTERS]

NAME OF THE POST FOR WHICH

THE CANDIDATE IS NOMINATED -----

NAME OF THE CANDIDATE [IN FULL] -----

ADDRESS -----

TELEPHONE NO ----- HOSP----- RES-- -----M-----

YEAR OF SPACT MEMBERSHIP

CENTRAL IAP MEMBERSHIP YES/NO- ----- MEMBERSHIP NO---

ANY POST HELD IN SPACT EC BOARD IN PAST –YES/NO

NO	POST HELD IN SPACT EB	YEAR
1		
2		

NAME OF PROPOSER-- -----

PROPOSER SIGN----- CONTACT NO-

NAME OF SECONDER-----

SECONDER'S SIGN----- CONTACT NO-----

DECLARATION BY CANDIDATE

I HEREBY DECLARE THAT I CONSENT TO THIS NOMINATION.

DATE-----

SIGN-----