



# ALL INDIA OPHTHALMOLOGICAL SOCIETY

## NOMINATION FORM

### Biographical Information of the Candidate

Contesting Post<sup>1</sup>: .....

Name of the Candidate: .....

Membership No.: ..... Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

Member of AIOS since: ..... Qualification: .....

Address: .....

City: ..... State: ..... Pin: .....

email Id: ..... Mobile: ..... ☎: ( ) .....

**PRESENT POST IN AIOS:** 1. .... since .....

2. .... since .....

### PREVIOUS POSTS HELD IN AIOS, WITH YEAR & DETAILS:

1. .... from ..... to .....

2. .... from ..... to .....

3. .... from ..... to .....

4. .... from ..... to .....

5. .... from ..... to .....

**Proposed by<sup>2</sup>:** ..... Membership No: .....

email Id: ..... Mobile: ..... Signature: .....

**Seconded by:** ..... Membership No: .....

email Id: ..... Mobile: ..... Signature: .....

1. I certify that all the details given above are true and correct.

2. I also certify that I have studied the relevant Sections 16 from (A) to (D) and their sub sections of the Rules and Regulations<sup>3</sup> and Article VIII and its subsections of the bye laws pertaining to the elections.

3. I understand that if the declarations above contravene the mentioned, or other, rules and regulations and bye laws my nomination will be rejected forthwith.

Date:

SIGNATURE OF CANDIDATE

1. USE SEPARATE FORM FOR EACH POST.
2. PROPOSER/SECONDER CAN PROPOSE ONLY ONE NAME FOR THIS POST
3. AVAILABLE ON OUR WEBSITE [www.aios.org](http://www.aios.org) OR FROM THE AIOS OFFICE.

**Each Nomination form MUST be accompanied by:**

- a. A detailed biodata in the form of a narrative not exceeding 500 words in one A4 sheet - will be printed as submitted.
- b. A recent passport size photo.