



TAMIL NADU OPHTHALMIC ASSOCIATION

Nomination Form for Election

Name of the Post: _____

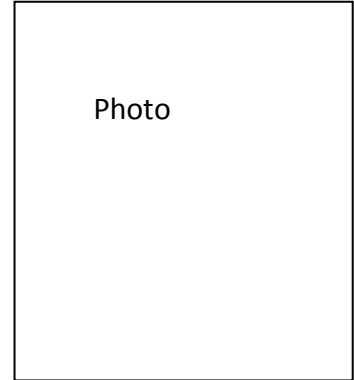
Candidate Name _____

TNOA Membership No.: Member since:

Age / Date of Birth: Gender:

Educational Qualification(s)

Address:



.....

City: Pin:

Email: Mobile:

Tel. Tel..... Fax:

Present Designation:.....

Office/Institution Address.....

Positions held in TNOA (List most recent position first)

1. Position: Year: From: To:

2. Position: Year: From: To:

3. Position: Year: From: To:

4. Position: Year: From: To:

I, Dr. _____ hereby certify that all information given in this form are TRUE to the best of my knowledge and belief.

Date :

Place:

Signature with Name

Name of Proposer.....

TNOA Membership No

Address:

.....

Signature of Proposer

Name of Seconder.....

TNOA Membership No

Address:

.....

Signature of Seconder

o Kindly attach your brief CV for communicating to members.

TNOA Office use only:

Nomination Form Received on:

Acknowledgement sent on:

*Verified and found valid: Yes /No. If No, Cause for Rejection:*_____

Status on Election Day: Withdrawn / Elected without contest / Contesting the Election

*Results of Election process:*_____

<i>Name & Signature of Election Officers</i>	

Signature of President TNOA

Date & Place