



TAMILNADU OPHTHALMIC ASSOCIATION NOMINATION FORM FOR ELECTION

Name of the Post :

Candidate Name :

TNOA Membership No. :Member Since

Age / Date of Birth :Sex.....

Education Qualification :

Address :

.....

Mobile :

Email :

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:.....

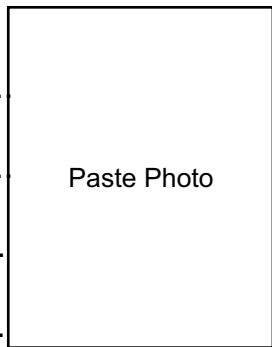
4. Position : Year: From:..... To:.....

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 the Proposer..... TNOA Membership No:..... Address:.....	Name of the Secunder..... TNOA Membership No:..... Address:.....
Signature of Proposer	Signature of Secunder

Kindly attach your brief CV for Communicating to members.

TNOA Office Use only

Nomination Form Received on:

Acknowledgment sent on:

Verified and found valid : Yes / No. If No, cause for Rejection:.....

Status on Election Day: Withdrawn / Elected without Contest / Contesting the Election

Result of Election Process:

Name & Signature of Election Officers

Signature of President TNOA

Date & Place