

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

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Status on Election Day: Withdrawn / Elected without Contest / Contesting the Election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