

ELECTION NOMINATION FORM

Name with the full mailing address:

Designation:

Institution:

Post Applied for:

Tel ph / cell #, e-mail id:

AGOI membership # / Year of membership enrolled:

Signature: - _____ Date: _____ Place: _____

Proposed by:

Name: Dr

Mailing Address with Tel ph/cell #, e-mail id: -

AGOI membership # / Year of membership enrolled: -

Signature: _____ Date: _____ Place: _____

Seconded by:

1. Name: Dr.

Mailing Address with Tel ph/cell #, e-mail id:

AGOI membership # / Year of membership enrolled:

Signature: _____ Date: _____ Place: _____

2. Name: Dr.

Mailing Address with Tel ph/cell #, e-mail id:

AGOI membership # / Year of membership enrolled:

Signature: _____ Date: _____ Place: _____

Note: Incompletely filled forms in any manner are liable for disqualification.