

NOMINATION FORM UPIAP "2019-20"

(PLEASE READ INSTRUCTIONS & FILL-UP THE FORM IN BLOCK LETTERS)

Name of the Office for which the Candidate is Nominated

Name of the Candidate (in full)

Candidate's Address (as per proof with Central IAP)

Self attested
photo of
Candidate

District..... State..... PIN.....

IAP Membership No. of the Candidate Member since

UP IAP Membership No. of the Candidate Member since

Telephones (STD Code) (Office) (Residence)

Mobile Email

Name of the Office held by the candidate in UP IAP & Year(s)

Name of the Proposer (in full)

Proposer's Address (as in Central IAP)

IAP Membership No. of the Proposer.....

UP IAP Membership No. of the Proposer.....

Telephones (STD Code) (Office) (Residence)

Mobile Email

Proposer's Signature & Date

Self attested
photo of
proposer

Name of the Seconder (in Full)

Seconder's Address (as with Central IAP)

Membership No. of the Seconder

UP IAP Membership No. of the Seconder.....

Telephones (STD Code) (Office) (Residence)

Mobile Email

Seconder's Signature & Date

Self attested
photo of
seconder

DECLARATION BY THE CANDIDATE

“I hereby declare that I consent for nomination for the post as mentioned above. All information provided by me is true and correct to the best of my knowledge and belief. Nothing has been hidden deliberately. I shall abide by rule and regulations as per constitution of IAP. I understand that Election Commission has provided adequate information. In case of any discrepancy rules and regulations of the constitution of UPIAP shall apply.

Name of Candidate:

Signature:

Place:

Date:

INSTRUCTIONS

1. Please make sure about eligibility for the applied post and eligibility/validity of proposer and seconder.
2. A member shall be ineligible for contesting more than one post finally after withdrawing from other posts for which nominations have been filed, if any.
3. Fill complete form in **Capital Letters**. Incomplete & inaccurate forms will be rejected.
4. Read carefully all the details given in election notice before filling the form.
5. Make sure all particulars given are true, correct and as per record of UP & Central IAP office.
6. Others as per requirement.

CHECK LIST OF ENCLOSURES

1. Completely filled Nomination Form
2. One extra passport size photograph of the candidate signed on the reverse
3. Self-Attested copy of the ID proof.
4. NEFT/RTGS to **“ACADEMY OF PEDIATRICS UTTAR PRADESH” AXIS BANK, FOOTBALL CHOWK, MEERUT, UP Pin Code : 250001, A/C No:- 916010083448147, IFSC CODE – UTIB0002931**. Kindly send receipt of transaction by mail to **“UPIAP2019@gmail.com”** as well as a copy of transaction receipt attached with form.
5. Proposer ID Proof & Passport size Photograph (self attested)
6. Seconder ID Proof & Passport size Photograph (self attested)
7. **Postal Address:** The Nomination form in hard copy along with copy of transaction receipt should be sent **By SPEED POST ONLY to**

Prof. Dr. Anil Kaushik,
Ex. HOD, Paediatrics, MLB Medical College
Aakrati, Kanpur Road
Infront of Medical College Gate No. – 4,
Jhansi – 284128
Mob – 09651152023
Email ID - anilk_kaushik@yahoo.com

Dr Anil Kaushik
Chief Election Commissioner