



# Indian Association of Clinical Medicine

## NOMINATION PAPER FOR ELECTION

Office for which the  
Candidate is Nominated.....  
Name of the Candidate.....  
Address of the candidate.....  
Mobile :..... e-mail.....  
Fellowship / Membership No.....

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Name of Proposer.....  
Address of Proposer .....

Date : Signature of Proposer  
Fellowship / Membership No.....

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Name of Secunder.....  
Address of Secunder.....

Date : Signature of Secunder  
Fellowship / Membership No.....

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### CONSENT OF THE CANDIDATE

I agree to serve on the Governing Body of the Association  
in the capacity of the nomination mentioned above, if elected.

Date : Signature of Candidate  
Fellowship / Membership No.....

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Details of the Draft Enclosed :

Draft No..... Date.....  
Amount..... of.....

For Office use only

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