Telangana Orthopaedic Surgeons Assocation (TELANGANA Chapter of Indian Orthopaedic Association)

NOMINATION FORM

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I, Dr	bearing the permanent Life Member Ship
wish to contest for the post of	for the year
2006 - 2007. My date of birth is	as per the records.
The nomination is proposed by two Life Memb	er of TOSA. Kindly accept my nomination. I will
abide by the rules as given in the by laws and fi	* *
Date	Signature
The proposer and seconder should not propose nomination will be disqualified and rejected.	e or second any other contestant otherwise the
Proposer	
I, Dr	Life Member of TOSA (Life Member Ship No.
	for
the post of for the	
Name of Address of the proposer	Signature
Date:	
Seconder	
I Dr	Life Member of TOSA (Life Member Ship No.
	for
the post of	
Name of Address of the proposer	Signature
Date:	
FOR OFFICE	E USE ONLY
Returning Officer	
Certified that the contestant, proposer and second	der are Life Members of TOSA, and the nomination
was filed with in the stipulate	ed time. The nomination of Dr of town has been accepted
for the post	•
The nomination is rejected. The reasons for reje	· ·
Data	Signature of Batannina OSS
Date	Signature of Returning Officer