



INDIAN MEDICAL ASSOCIATION (Regd)

Bangalore Branch

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NOMINATION FORM FOR THE POST OF ----- FOR THE YEAR 2024-25

PROPOSER

I, DR. -----, LM NO: -----

PROPOSE DR. -----LM NO: -----

FOR THE POST OF -----

MOBILE NO:

SIGNATURE

Email:

Permanent address:

SECONDER

I, DR. -----, LM NO: -----

SECOND DR. -----LM NO: -----

FOR THE POST OF -----

MOBILE NO:

SIGNATURE

Email:

Permanent address:

ACCEPTANCE

I, DR. -----, LM NO: -----

ADDRESS: ----- MOBILE NO: ----- EMAIL: -----

CONSENT AND REQUEST YOU FOR NOMINATION FOR THE POST OF -----

DATE:

SIGNATURE

PLACE:

PAYMENT DETAILS

CHQ /DD NO: ----- DT -----FOR RS. -----DRAWN-

--ON -----BANK, -----BRANCH ENCLOSED.