



GUJARAT ORTHOPAEDIC ASSOCIATION

Annual Election - 2012

NOMINATION FORM



Post applied for: _____.

Candidate's Name: _____.

Candidate's Address: _____.

Phone number : (R)_____ (H)_____ Mobile_____

Email : _____ Membership No.:_____

I agree to serve Gujarat Orthopaedic Association in the above capacity.

Signature

Date

Proposed By :

Name: _____.

Membership No. : _____.

I propose the name of Dr. _____
for the post of _____ of Gujarat Orthopaedic Association.

Signature

Date

Seconded by

Name: _____.

Membership No. : _____.

I Second the name of Dr. _____
for the post of _____ of Gujarat Orthopaedic Association.

Signature

Date

Nomination form should reach before 19TH December (Monday) 2011 Before 5 pm to Secretariat Gujarat Orthopaedic Association.

Dr. Hasmukh P Nagwadia

E/12 Sharnam – 11, Nr. Heaven park,

Opp. Karnavati Club, Satellite, Ahmedabad - 380015

Email : hpnag87@yahoo.com

Last date for the withdrawal of the nomination is 26TH December (Monday) 2011 before 5 pm.

Photocopy of nomination form can be used.