



INDIAN ORTHODONTIC SOCIETY
IOS ANNUAL ELECTIONS 2025
NOMINATION FORM

(Article 21, 22 of Indian Orthodontic Society Constitution)

NOMINATION FOR THE POST OF.....
FOR THE YEAR

NAME OF THE CANDIDATE:

AGE:..... **SEX:**..... **MEMBERSHIP No.:** LM.....

ADDRESS:

.....

PIN:.....

TEL. NO. WITH CODE:

MOB: **E MAIL:**

PREVIOUS POSTS HELD IN IOS MANAGEMENT / EXECUTIVE COMMITTEE:

No.	POST HELD	YEAR	% OF ATTENDENCE
1			
2			
3			
4			
5			

PREVIOUS ANNUAL GENERAL BODY MEETINGS ATTENDED (For first time EC nominations)

No.	YEAR	PLACE
1		
2		
3		

PROPOSED BY:

I Dr. (Membership no. LM)
hereby propose Dr.for
the post of for the year.....

Name & Signature of the proposer with date.

SECONDED BY:

I Dr. (Membership no. LM)
here by second the nomination of Dr.for
the post of for the year.....

Name & Signature of seconder with date.

DECLARATION OF THE CANDIDATE:

I Dr.,Membership no. LM,
Hereby submit my nomination for the post of
for the year

The above furnished details of mine are true to the best of my knowledge. If found untrue I shall be liable
for appropriate action by IOS
I hereby promise faithfully to maintain and defend all the rights, liberties and privileges of IOS and
promote the interests thereof to the best of my abilities.

Name & Signature of candidate with date.

Note: Kindly read election notification carefully before filling this form. Fill all columns for validity

If the candidate has been detained previously from contesting elections, give details.

FOR OFFICE USE ONLY

Verified by

Remarks

Mailing address:

Dr. SANJAY LABH

Hon Secretary, IOS

Centre for Advanced Dental Care,

VPS21, Shipra Krishna Vista Plaza

Indirapuram, Ghaziabad,

Delhi NCR 201014

Mobile 9313483570

Email- secretary@iosweb.net