

**Indian Society of Prosthodontics- Restorative- Periodontics**  
**Reg No. 147/07**  
**Nomination Form**

Kindly read the election notice carefully before filling this form. Fill all blanks for validity.

**Name of the Post Proposed**

**Candidate Name:**

**ISPRP Membership No:**

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Pin:** \_\_\_\_\_

**Phone with Code: Office** \_\_\_\_\_ **Res:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **E mail:** \_\_\_\_\_

**Proposer**

I, Dr. \_\_\_\_\_ ISPRP Membership No. \_\_\_\_\_ hereby propose the name of Dr. \_\_\_\_\_ for the above-mentioned post.

**Signature of the Proposer**

\_\_\_\_\_

**Secunder**

I, Dr. \_\_\_\_\_ ISPRP Membership No. \_\_\_\_\_ hereby second the name of Dr. \_\_\_\_\_ for the above-mentioned post.

**Signature of the Secunder**

\_\_\_\_\_

**Consent of the Candidate**

I, Dr. -----hereby accept the above nomination for the post of ----- for the year 2024-25

**Place :**

**Date:**

**Signature of the Candidate**

\_\_\_\_\_

Nomination form to be sent by Registered Post or handed Personally to election scrutinizing officer.

**Dr Mahalaxmi Sekar**

**Prof & HOD, Dept of Conservative Dentistry and Endodontics**

**SRM Dental College, Ramapuram,**

**Chennai- 600089**

**Mobile: 9381018598 E mail: mahalaxr@srmist.edu.in**

**Furnish the details of previous AGM attended.**

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Signature of the candidate