

ISPRP Indian Society of Prosthodontics-Restorative-Periodontics
NOMINATION FORM

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

Name of the post proposed.

Candidate Name: _____

ISPRP Membership No.: _____

Address: _____

_____ Pin: _____

Phone: with code off: _____ Res: _____

Mobile: _____ Email: _____

PROPOSER

I Dr. _____ ISPRP Membership No. _____ hereby propose the
name of Dr. _____ for the above mentioned post.

Signature of the proposer

SECONDER

I Dr. _____ ISPRP membership No. _____ hereby second the
name of Dr. _____ for the above mentioned post.

Signature of the seconder

CONSENT OF THE CANDIDATE

I Dr. _____ hereby accept the above nomination for the
post of _____ for the year 2019-2020

Place:

Date:

Signature of the Candidate.

Nomination form to be sent by Registered post or handed personally to election scrutinizing officer.

Dr. Prathap M. S
Professor Dept. Of Conservative Dentistry
Yenepoya Dental College
Deralakatte, Mangalore 575018