

**ISPRP 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 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 2018-2019

Place:

Date:

**Signature of the Candidate.**

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

**Dr. Sanath Shetty**

Multi Speciality Dental Clinic

Jeevan Complex

Padavinangady

Mangalore: 575008

Mob: 9845208322; Email: [drshetty@rediffmail.com](mailto:drshetty@rediffmail.com)

PTO

**Furnish the details of Pervious AGM attended**

<p style="text-align: right;"><b>Signature of the Candidate</b></p>
---