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

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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**

**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 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.**

Signature of the candidate