



# Indian Society of Prosthodontics-Restorative-Periodontics

Reg. No. DRDK/SOR/62/2019-20

## **NOMINATION FORM**

*Kindly read the election notice carefully before filling this form. Fill every field for validity.*

Nomination for the post of

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 consent to the above nomination

for the Post of \_\_\_\_\_ for the year 2022-2023.

Place:

Date:

**Signature of the Candidate**

**Nomination form is to be sent by Email to:**

*The Scrutinizing Officer, ISPRP Election 2022-2023,*

**DR. PRATHAP.M.S**

**Mob: 9895081448**

**Email: prathapmsnair@gmail.com**

P.T.O.

**Furnish the details of Previous AGMs attended with copies of the Attendance Certificates.**

Signature of the Candidate