

IAP KERALA STATE ELECTION 2020 NOTIFICATION

Elections for the post of State President Elect 2021 - 1 Post (Term 1 year)
State Vice President Elect 2021 - 1 Post (Term 1 year)
State Secretary 2021-22 - 1 Post (Term 2 years)
State Joint Secretary 2021-22 - 1 Post (Term 2 years)
State Treasurer 2021-22 - 1 Post (Term 2 years)

Eligibility- Candidates should have served in the **State EB for 2 complete years.**
President Elect candidate should be an IAP Life / Ordinary member for at least **10years**
Vice President Elect candidate should be an IAP Life / Ordinary member for: **7years**
Secretary/Joint Secretary/Treasurer candidate should be Life/Ordinary member: **3yrs**

Completed forms to reach the Chief Election Commissioner by 7th November 2020 (Saturday) / Scrutiny of forms on November 8th(Sun) / Publishing the candidate's list 8th November / Last date of Withdrawal 14th November, 5pm / Publishing the final list 15th November (Sun) / Sending of ballots from 20th November / Last date for receiving filled up ballots 19th December / Counting and declaration of results 20th December(Sun)

Nominations can be sent by Email to drgeorgefm@gmail.com (Instructions below)

Dr George F. Moolayil
Chief Election Commissioner

Dr Ashok Kumar
Election Commissioner

Dr Jayakumar PR
Election Commissioner

INDIAN ACADEMY OF PEDIATRICS

KERALA STATE BRANCH 2020

NOMINATION FORM FOR THE POST OF
PRESIDENT / VICE PRESIDENT / SECRETARY / JOINT SECRETARY / TREASURER

(PLEASE FILL-UP THE FORM IN BLOCK LETTERS)

Name of the Office for which the Candidate is to be nominated

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Name of the Candidate (in full)

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Address

.....

.....

District.....State.....

IAP Membership No. of the Candidate.....since.....

Mobile Email:

(self-attested copy of Passport / IAP ID Card / PAN number card / Driving license to be attached)

Name of the Proposer

.....

Proposer's Address

.....

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.....

Membership No. of the Proposer.....

MobileEmail:

Signature of Proposer & Date.....

(self-attested copy of Passport / IAP ID Card / PAN number card / Driving license to be attached)

Name of the Seconder

Seconder's Address

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.....

Membership No. of the Seconder

MobileEmail:

Signature of Seconder & Date

(self-attested copy of Passport / IAP ID Card / PAN number card / Driving license to be attached)

Place:

Date:

Signature and Name of candidate

DECLARATION

I hereby declare that I consent for nomination for the post as mentioned above. All information provided by me are true and correct to best of my knowledge and belief. I shall abide by rule and regulations as per constitution of Indian Academy of Pediatrics. I understand that Election Commission has provided adequate information, in case of any discrepancy rules and regulations of the constitution of IAP shall apply. I also declare to practice the code of conduct prescribed by election commission of IAP.

Place:

Date:

Signature and Name of candidate

Instructions

1. Please make sure about eligibility for the applied post and eligibility of proposer and seconder.
[Eligibility- Candidates should have served for **2 complete years in the State EB President Elect candidate** should be an IAP Life / Ordinary member for at least **10years**, **Vice President Elect candidate** should be an IAP Life / Ordinary member for at least **7years**, **Secretary/Joint Secretary/Treasurer candidate** should be an IAP Life / Ordinary member for at least **3years**]
2. Fill complete form in capital letters. Incomplete form will be rejected.
3. Read carefully all the details given in notice before filling the form.
4. Make sure all particulars given are true and correct.
5. Check list of enclosures-
 - Completed nomination form.
 - Self-attested photo copy of valid ID - (Signature should be same as given on ID)
 - a. Candidate- Passport / IAP ID Card / PAN card / Driving license
 - b. Proposer- Passport / IAP ID Card / PAN number card / Driving license
 - c. Seconder- Passport / IAP ID Card / PAN number card / Driving license
 - Account payee DD/ Cheque [for post of **President Rs5,000** and post of **Vice President Rs2,500**] in favor of **IAP KERALA payable at STATE BANK OF INDIA, Calicut Medical College or Proof of bank transfer to IAP Account in SBI. A/C no: 67080109993 IFSC Code: SBIN0002206**
6. Last date and time for application- The complete nomination form with the nomination fee and ID proof should reach the Chief Election Commissioner **on or before 7th November 2020, 5 PM.**

Address:

Dr. George F. Moolayil, (CEC)

Emvee House,

Velliyepally , Pala,

Kottayam- 686 574

Mob: 9961806888

Dr Ashok Kumar(EC)

Dr Jayakumar PR(EC)

