

Indian Society of Hematology and Blood Transfusion
Nomination Form for Election 2017

(To reach the office of the Hon General Secretary **by 31th August, 2017**)

For the Post of _____ : _____

Name of the Candidate & : _____
Address _____

Contact No: Phone (R) _____ Phone (Office) _____

E-mail : _____
_____ Mobile _____

Membership Number / Year: _____ L - _____

Name of the Proposer & : _____
Address _____

Phone (R) _____ Phone Office _____

Mobile _____ E-mail : _____

Membership Number : _____ L - _____

Signature the Proposer: _____ Date: _____

Name of the Secunder : _____

Address _____

Phone (R) _____ Phone Clinic _____

Fax : _____ Mobile _____ E-mail : _____

Membership Status : Li-

Signature the Secunder: _____ Date: _____

Consent of the Candidate

I agree to serve the association in the capacity of the nomination mentioned above, if elected.

(Signature of the Candidate) (Date)

(Place)

