

**Indian Society of Hematology and Blood Transfusion**  
**Nomination Form for Election 2019**

(To reach the office of the Hon General Secretary **by 15<sup>th</sup> July, 2019**)

For the Post of \_\_\_\_\_ : \_\_\_\_\_

Name of the Candidate & : \_\_\_\_\_  
Address \_\_\_\_\_

Contact No: Phone (R) \_\_\_\_\_ Phone (Office) \_\_\_\_\_

E-mail : \_\_\_\_\_ Mobile \_\_\_\_\_

Membership Number / Year: \_\_\_\_\_ L - \_\_\_\_\_  
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Name of the Proposer & : \_\_\_\_\_  
Address \_\_\_\_\_

Phone (R) \_\_\_\_\_ Phone Office \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail : \_\_\_\_\_

Membership Number : L - \_\_\_\_\_

Signature the Proposer: \_\_\_\_\_ Date: \_\_\_\_\_  
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Name of the Secunder : \_\_\_\_\_

Address \_\_\_\_\_

Phone (R) \_\_\_\_\_ Phone Clinic \_\_\_\_\_

Fax : \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail : \_\_\_\_\_

Membership Status : Li-

Signature the Secunder: \_\_\_\_\_ Date: \_\_\_\_\_  
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**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)