

ANNEXURE -11
INDIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY
NOMINATION FORM

NOMINATION FOR THE POST OF:-

NAME IN FULL: - Dr.

LM NUMBER:-

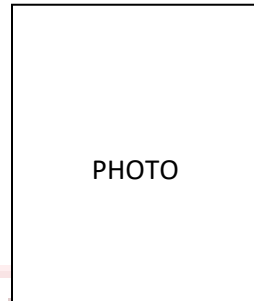
DESIGNATION: -

ADDRESS:-

MOBILE NUMBER: -

EMAIL:

PREVIOUS POSTS HELD & TERM:-



i) PROPOSED BY

NAME:

LIFE MEMBERSHIP NO:

SIGNATURE:

ii) SECONDED BY

NAME:

LIFE MEMBERSHIP NO:

SIGNATURE:

ELIGIBILITY DECLARATION BY CANDIDATE

Life member since:years.....months

Conferences & AGM attendance as Life member in last five years

S.no	Conference	Attended	AGM	Attended
1	25 th National conference –Virtual 2021	Yes/No	27 th AGM	Yes/No
2	24 th National conference – Hyderabad 2019	Yes/No	26 th AGM	Yes/No
3	23 rd National conference –Modinagar -2018	Yes/No	25 th AGM	Yes/No
4	22 nd National conference –Dhule-2017	Yes/No	24 th AGM	Yes/No
5	21 st National conference –Bhubaneswar-2016	Yes/No	23 rd AGM	Yes/No

SIGNATURE OF APPLICANT

DATE2022

PLACE: