

Elections of DOA – Year 2020
Nomination form of DOA election for year 2020

Delhi Orthopaedic Association Election-2020
Nomination Form

Name of Contestant :
.....

Bid/Post for which contesting:
.....

Membership No. :

Address :
.....
.....
.....

Phone No. with STD Code : Fax No.:

Mobile No. : E-mail Address:

Consent of Contestant

I hereby agree to contest for the post of /Bid for.....of the Delhi Orthopaedic Association. If elected I will serve the Association to the best of my ability. I shall not use any unfair means for my election.

Date :

Place :

Signature of Contestant

Important information:

- Nomination form is to be completed and E mailed to
- **Election Officer and President Elect, DOA 2020.**
- Please address all correspondence regarding election to
Dr. Lalit Maini E mail: doaelection@gmail.com

Mobile: 9968604324

** Contestant for post should submit a short bio-data (write-up) in 250 words to be circulated to members.

** Only life members are allowed to contest for any post.