

# NOMINATION FORM UPIAP "2023-24"

(PLEASE READ INSTRUCTIONS & FILL-UP THE FORM IN BLOCK LETTERS)

Photo of  
Candidate

Name of the Office for which the Candidate is Nominated .....

**Name of the Candidate** (in full) .....

Candidate's Address (as per proof with UPIAP) .....

.....

District..... State..... PIN.....

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

Central Membership No. of the Candidate ..... Member since .....

Telephones (STD Code .....) (Office) ..... (Residence) .....

Mobile ..... Email .....

Offices held by the candidate in UP IAP & Year(s) .....

Positions held as of last two years till date.....

(As a proof of executive office services, attach (any one) UP IAP election result publication, e-certificate, executive board meeting notices etc. given by general secretary of the concern year.)

Photo of  
Proposer

**Name of the Proposer** (in full) .....

Proposer's Address (as in UPIAP) .....

UP IAP Membership No. of the Proposer.....

Central IAP Membership No. of the Proposer.....

Telephones (STD Code .....) (Office) ..... (Residence) .....

Mobile ..... Email .....

Proposer's Signature & Date .....

Photo of  
Secunder

**Name of the Secunder (in Full)** .....

Secunder's Address (as with UPIAP) .....

UP IAP Membership No. of the Secunder .....

Central IAP Membership No. of the Secunder.....

Telephones (STD Code .....) (Office) ..... (Residence) .....

Mobile ..... Email .....

Secunder's Signature & Date .....

## DECLARATION BY THE CANDIDATE

“I hereby declare that I consent for nomination for the post as mentioned above. All informations provided by me are true and correct to best of my knowledge and belief. Nothing has been hidden deliberately. I shall abide by rule and regulations as per constitution of IAP. I understand that Election Commission has provided adequate information. In case of any discrepancy rules and regulations of the constitution of UP IAP shall apply. **All my Official involvement/positions held as of last 2 years till today with UP IAP are mentioned above.**

Name of Candidate:

Signature:

Place:

Date:

### INSTRUCTIONS

1. Please make sure about eligibility for the applied post and eligibility/validity of proposer and seconder.
2. A member shall be ineligible for contesting more than one post finally after withdrawing from other posts for which nominations have been filed, if any.
3. Fill complete form in **Capital Letters**. Incomplete & inaccurate forms will be rejected.
4. Read carefully all the details given in election notice before filling the form.
5. Make sure all particulars given are true, correct and as per record of IAP office.
6. Others as per requirement.

### CHECK LIST OF ENCLOSURES

1. Completely filled Nomination Form.
2. Passport size photograph of the candidate signed on the reverse.
3. Self-Attested copy of the ID proof.
4. Transection Receipt of NEFT/RTGS of nomination fee payable to “Academy of Pediatrics, Uttar Pradesh” payable at Meerut.
5. Proposer ID Proof & Passport size Photograph (self attested).
6. Seconder ID Proof & Passport size Photograph (self attested).

Dr Anil Kaushik  
Chief Election Commissioner