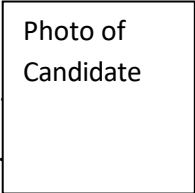


NOMINATION FORM AOPUP “2024-25”
(PLEASE READ INSTRUCTIONS & FILL-UP THE FORM IN BLOCK LETTERS)



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

Name of the Candidate(infull).....

Candidate's Address(as per proof with AOP UP).....

.....

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

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

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

Telephones(STDCode.....)(Office).....(Residence).....

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

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

Positionsheldasoflasttwoyearstilldate.....

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



Name of the Proposer(infull).....

Proposer's Address (as in AOPUP)

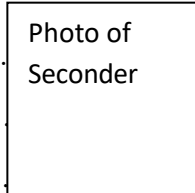
AOPUP Membership No.of the Proposer.....

Central IAP MembershipNo.ofthe Proposer.....

Telephones (STDCode.....)(Office).....(Residence).....

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

Proposer's Signature&Date.....



Name of the Secunder(inFull).....

Secunder's Address (as with AOPUP)

AOPUPP MembershipNo.of the Secunder.....

Central IAPMembershipNo.ofthe Secunder.....

Telephones(STDCode.....)(Office).....(Residence).....

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

Secunder'sSignature&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 AOP UP 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.

CHECKLIST 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. Transaction 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. Secunder ID Proof & Passport size Photograph (self attested).

Dr Anil Kaushik
Past President IAP, UP
Chief Election Commissioner
ACADEMY of PEDIATRICS
UP