

INDIAN ASSOCIATION OF ORAL AND MAXILLOFACIAL PATHOLOGISTS

REG. NO. SL NO. SRG/ CHENNAI SOUTH/62/2023

Registration at Chennai with the registration of societies under the Tamil Nadu act 27 of 1975

NOMINATION FORM 2023-2024

NAME OF THE POST.	
NAME OF THE CANDIDATE	
IAOMP REG. NO:	
NUMBER OF CONFERENCES/ STUDENT CONVENTIONS ATTENDED: (SPECIFY THE YEARS)	
NAME OF THE POST HELD: (SPECIFY THE YEARS)	
NUMBER OF AGM ATTENDED : (SPECIFY THE YEARS)	
PROPOSED BY : NAME: IAOMP REG. NO: SIGNATURE WITH DATE:	
SECONDED BY: NAME: IAOMP REG. NO: SIGNATURE WITH DATE:	

HERE WITH I AM GIVING MY CONSENT FOR THE NOMINATION FOR THE POST OF  
\_\_\_\_\_ FOR THE YEAR 2023- 2024

PLACE:

DATE:

CANDIDATE SIGNATURE:

Note: kindly refer the eligibility criteria for nomination in the bye law in website . please attach the good standing member certificate along with the nomination form. Kindly obtain the good standing member certificate from Hon. Secretary by post or email.