



ANDHRA PRADESH OPHTHALMIC SOCIETY NOMINATION FORM

Biographical Information of the Candidate

Contesting Post :

Name of the Candidate:

Membership No.: Date of Birth: ____ / ____ / ____ (dd/mm/yyyy)

Member of APOS since: Qualification:

Address:

City: State: Pin:

email Id: Mobile: ☎: ()

PRESENT POST IN APOS 1. since

2. since

PREVIOUS POSTS HELD IN APOS, WITH YEAR & DETAILS:

1. from to

2. from to

3. from to

4. from to

5. from to

Proposed by : Membership No:

email Id: Mobile: Signature:

Seconded by: Membership No:

email Id: Mobile: Signature:

1. I certify that all the details given above are true and correct.
2. I also certify that I have studied the relevant Sections 16 from (A) to (D) and their sub sections of the Rules and Regulations and Article VII and its subsections of the bye laws pertaining to the elections.
3. I understand that if the declarations above contravene the mentioned, or other, rules and regulations and bye laws my nomination will be rejected forthwith.

Date:

SIGNATURE OF CANDIDATE

1. USE SEPARATE FORM FOR EACH POST.
2. PROPOSER/SECONDER CAN PROPOSE ONLY ONE NAME FOR THIS POST
3. AVAILABLE ON OUR WEBSITE www.apos.co.in OR FROM THE APOS OFFICE.

- Each Nomination form MUST be accompanied by:**
- a. A detailed biodata in the form of a narrative not exceeding 500 words in one A4 sheet - will be printed as submitted.
 - b. A recent passport size photo.