



**GUJARAT ORTHOPAEDIC ASSOCIATION**  
**Annual Election**  
**NOMINATION FORM**



Post applied for: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Candidate's Address: \_\_\_\_\_

Phone number : (R) \_\_\_\_\_ (H) \_\_\_\_\_ Mobile \_\_\_\_\_

Email : \_\_\_\_\_ Membership No.: \_\_\_\_\_

I agree to serve Gujarat Orthopaedic Association in the above capacity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Proposed By :**

Name: \_\_\_\_\_

Membership No. : \_\_\_\_\_

I propose the name of Dr. \_\_\_\_\_

for the post of \_\_\_\_\_ of Gujarat Orthopaedic Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Seconded by**

Name: \_\_\_\_\_

Membership No. : \_\_\_\_\_

I Second the name of Dr. \_\_\_\_\_

for the post of \_\_\_\_\_ of Gujarat Orthopaedic Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Nomination form should reach before 19 th December (Wed) 2018 Before 5 pm to  
Secretariat: Gujarat Orthopaedic Association.**

**Dr. Navin N. Thakkar.**

**39 /B Hindu Colony , Opp. S P Stadium , Navrangpura , Ahmedabad – 380009**

**Email : naveenthakkar@gmail.com : +91 9825387016**

**Last date for the withdrawal of the nomination is 25 th December 2018 before 5 pm.**

**Photocopy or printout of downloaded (<http://www.goa.org.in/downloads.php>) form can be used**