



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 on or before 20 th December (Wednesday) 2017 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 (Monday) 2017 before 5 pm.

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