

Academy of Pediatric Neurology 2020 ELECTION NOTICE

Elections of following post to be held as per schedule given below. The Members of the academy can fill the forms and send it to election officer, whose address is given below. The nomination form should include necessary DD in favor of “**Academy of Pediatric Neurology**”, payable at Raipur

- | | |
|------------------------------------|--------------|
| 1. Chairperson Elect 2021 (1) | DD of 2000/- |
| 2. Hon. Secretary Gen. 2019-20 (0) | |
| 3. Treasurer 2020 (1) | DD of 500/- |
| 4. Executive Board member (5) | DD of 500/- |

Chairperson/ Organizing secretary (either of the one) “Neuropedicon 2020” will be joint secretary

Election Officer

Dr A.P Savant

8/18 Priyadarshini Parisar
West, Near Agrawal Bhawan
Bhilai Pin 490020,
Mobile- 9425552727

Dr K. P. Sarbhai

Chairperson 2019
Raipur (C.G.),
Ph no.- 9329102532
E mail –
sarbhai@yahoo.co.in

Dr Lokesh Lingappa

Chairperson 2020
Rainbow Children Hospital
Banjara Hill, Hyderabad, TN 500034
Ph No. 9959955885
E mail - siriloki@gmail.com

Dr Vasant Khalatkar

Secretary General,
Khalatkar hospital, R-29 Reshim Bagh
Nagpur, Maharashtra, 440009 ,
Ph. No. – 9823044438,
E mail- vasant.khalatkar@gmail.com

ELECTION OF Academy of Pediatric Neurology 2020

Date of Notification	9 th January 2020
Last Date of Filling Nomination	15 th February 2020
Scrutiny of Nomination	16 th February 2020
Last Date of Withdrawal	29 th February 2020
Election if any by ballot	10 th March 2020 – 20 th March 2020
Declaration of Election Result	22 th March 2020

ELECTION OF ACADEMY OF PEDIATRIC NEUROLOGY 2020

Nomination form

Post Name :

Candidate Name :

IAP membership no. – :

Membership no. of academy :

Address :

Proposer Name :

Membership no. of IAP :

Membership no. of academy :

Signature

Seconder Name :

Membership no. of IAP :

Membership no. of academy :

Signature

Draft no. _____ Drawn on _____ Date _____

I hereby declare that I consent for nomination for the post; all information provided by me is true.

Date:

Place:

Name of Candidate

Signature of Candidate

Duly filled form should be submitted to the election officer whose address is given below alongwith identity proof (Aadhar Card/PAN Card/ Driving Licence)

Dr. A P Savant

**8/18, Priyadarshani Parisar West Near Agrawal Bhavan Bhilai, 490020
(Chhattisgarh) Mob no. 9425552727**