

# AOPN-NOMINATION FORM – ELECTIONS 2026

## Post Applied For:

(Please tick ✓ one)

- Chairperson-Elect (2027)
- Secretary
- Treasurer
- Vice-President
- Joint Secretary
- Executive Board Member (Zone: \_\_\_\_\_)

## Candidate Details

### 1. Name of the Candidate:

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### 2. IAP Membership Number:

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### 3. AOPN Membership Number:

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### 4. Full Postal Address:

5. Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Proposer Details

### 1. Name of Proposer:

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### 2. IAP Membership Number:

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### 3. AOPN Membership Number:

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Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

## Seconder Details

### 1. Name of Seconder:

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### 2. IAP Membership Number:

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### 3. AOPN Membership Number:

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Signature of Seconder: \_\_\_\_\_ Date: \_\_\_\_\_

## Demand Draft (DD) Details

• DD Number: \_\_\_\_\_

• Amount (₹): \_\_\_\_\_

• Drawn On (Bank & Branch): \_\_\_\_\_

• Date: \_\_\_\_\_

(DD should be drawn in favour of **Academy of Pediatric Neurology**, payable at Raipur)

### **Candidate Declaration**

I hereby declare that I consent to contest for the above-mentioned post of the **Academy of Pediatric Neurology**.

I confirm that all the information furnished by me in this nomination form is true and correct to the best of my knowledge. I shall abide by the Constitution, By-laws, and Election Rules of AOPN.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_

### **Enclosures (Mandatory)**

- Copy of Identity Proof (Aadhaar / PAN / Driving License)
- Demand Draft (as applicable)

### **Submission Address**

**Election Officer – AOPN 2026**

**Dr. Anoop Verma**

Swapnil Nursing Home

Katora Talab, Civil Lines

Raipur, Chhattisgarh – 492001