

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:

2. IAP Membership Number:

3. AOPN Membership Number:

4. Full Postal Address:

5. Mobile Number: _____ Email: _____

Proposer Details

1. Name of Proposer:

2. IAP Membership Number:

3. AOPN Membership Number:

Signature of Proposer: _____ Date: _____

Seconder Details

1. Name of Seconder:

2. IAP Membership Number:

3. AOPN Membership Number:

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