

Institute of Mental Health- Hyderabad Alumni Association

Elections 2022-23

NOMINATION FORM

I Dr. \_\_\_\_\_ Member of Institute of Mental Health- Hyderabad Alumni Association Hereby propose the name of Dr. \_\_\_\_\_ for the Post of \_\_\_\_\_ of Institute of Mental Health- Hyderabad Alumni Association for the year 2022-23

Mobile No: \_\_\_\_\_ Email Id : \_\_\_\_\_

Name of proposer \_\_\_\_\_ Signature of Proposer \_\_\_\_\_

Place. \_\_\_\_\_

Date: \_\_ / 7 /2022

\*\*\*\*\*

I Dr. \_\_\_\_\_ Member of Institute of Mental Health- Hyderabad Alumni Association Hereby Second the name of Dr. \_\_\_\_\_ for the Post of \_\_\_\_\_ of Institute of Mental Health- Hyderabad Alumni Association for the year 2022-23

Mobile No: \_\_\_\_\_ Email Id : \_\_\_\_\_

Name: \_\_\_\_\_ Signature of seconder \_\_\_\_\_

Place. \_\_\_\_\_

Date: \_\_ / 7 /2022

DECLARATION SIGNED BY THE CANDIDATE

I Dr. \_\_\_\_\_ Member of Institute of Mental Health- Hyderabad Alumni Association hereby give my consent for beingnominated for the post of \_\_\_\_\_ of Institute of Mental Health- Hyderabad Alumni Association for the year 2022-23.

Furthermore I do confirm the eligibility criteria mentioned in the electionnotification for the year 2022-23 and I hereby declare that I have read and shall abide by the Rules and bylaws of the Institute of Mental Health- Hyderabad Alumni Association

Mobile No. \_\_\_\_\_ Email id. \_\_\_\_\_

Name of the Candidate. \_\_\_\_\_ Signature of the Candidate \_\_\_\_\_

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

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