Strabismus and Pediatric Ophthalmological Society of India

NOMINATION FORM FOR SPOSI ELECTIONS

Affix Passport Size Photograph

Post applied for : _____

Full Name of the Candidate : _____

Date of Birth : _____

Postal Address: _____

Qualification / Experience : _____

Mobile no. : _____ E-mail ID: _____

Membership no.: _____

Present post held : _____

Previous post held (with year & details) :

- _____
- _____
- _____

Conferences attended during the past 10 years :

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____

	Name	Membership no.	Mobile no.	E-mail ID	Signature
Proposed by					
Seconded by					

Declaration:

I certify that all the details furnished are true to the best of my knowledge and belief and nothing material has been hidden. I have read Rules and Regulations governing SSI elections and if anything is found in contravention of the said rules and regulations , my nomination may be rejected summarily .

Guidelines for the post of Vice President:

A. Minimum age: 55 years.

B. Must have attended 5 SSI conferences during the past 10 years.

For other posts, the guidelines provided in the SPOSI constitution are applicable

General Guidelines

A. Use a separate form for each post. One can propose / second only one candidate for a post.

B. Nominations forwarded / seconded by officers involved in the Election Process shall be rejected summarily.

C. Each nomination form should be accompanied by a brief resume not exceeding 200 words and a recent passport size photograph.

Date: _____ **Signature: _____**