



# INDIAN ASSOCIATION OF CLINICAL CARDIOLOGISTS

## Election Nomination Form

1. Name of IACC Life Member:.....
2. IACC Life Membership Number: .....
3. Number of years served in IACC Governing Body: .....
4. Post for which submitting the nominations: .....
5. Term / Year for the above post you wish to contest : .....
6. This is your single submission for this year : (Yes/No) .....
7. Email : \_\_\_\_\_
8. Mobile: \_\_\_\_\_
9. Postal Address:.....
10. Previous Posts you were holding in IACC and number of years: .....
11. Date of Birth: \_\_\_\_\_
12. Passport Number: \_\_\_\_\_

[Passport Copy should be attached to this filled nomination]

- I have read and understand that any wrong submission of data or date or year will lead to the rejection of my application.
- I also understand that I should submit on or before the last date of submission announced by election committee and any submission after last date will be rejected.
- I also admit the fact that I can contest for only one post and submission of multiple nomination for more than one post will lead to the rejection of my nomination.
- I hereby confirm that I am eligible for the above post as per the constitution and as per my seniority in the association.
- I agree to abide the final decision which will announced by the election committee and will be happy to follow the code of conduct during the election process.
- I understand that I should forward this filled nomination & passport copy to the IACC head office by email ([office@accindia.org](mailto:office@accindia.org) & [secretariat@accindia.org](mailto:secretariat@accindia.org)) on or before the last date of submission announced by the election committee.

I Dr. \_\_\_\_\_, hereby requesting the election committee to consider my nomination and please accept if I am eligible for the post mentioned above.

Yours Faithfully,

Dr. \_\_\_\_\_

Signature.....

Date:

Time:

IACC Affiliations:

