



# AIDAA

## All India Difficult Airway Association

### Nomination Form

#### ELECTIONS TO THE OFFICE BEARERS & EXECUTIVE COMMITTEE MEMBER FOR THE TERM 2017-19

Post for which the Candidate is nominated \_\_\_\_\_

Name of the Candidate \_\_\_\_\_

Address of the Candidate \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Membership No. \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

email \_\_\_\_\_

Name of the Proposer \_\_\_\_\_

Address of the Proposer \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Membership No. \_\_\_\_\_

Signature of Proposer

Name of the Secunder \_\_\_\_\_

Address of the Secunder \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Membership No. \_\_\_\_\_

Signature of Secunder

#### CONSENT OF THE CANDIDATE

I am willing to stand for the election, and I agree to serve on the Executive Committee of the AIDAA in the capacity of the nomination mentioned above, if elected. I also certify that the information provided in my Bio-Data is correct.

#### Undertaking

I hereby undertake that I have held the following posts / not held any post of the Executive Committee of the AIDAA.

	Post	Period
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Date

Signature of the Candidate