



**INDIAN MEDICAL ASSOCIATION, UP STATE ELECTIONS
(Phase 1 & 2) FOR THE SESSION 2024-25**

NOMINATION FORM

(Please fill in capital letter or type)

To
The Election Officer, IMA UP State
KE-2, Kavi Nagar, GHAZIABAD-201002 (U.P.)

I the undersigned propose the name of Dr.

IMA Branch.....

Nominee's Address.....

..... IMA

Life Member No.....

Telephone No. Res.....Clinic.....(M).....

E mail ID

For the post of.....

Proposers Name (Regular state council member).....

IMA LIFE Member No.....

Branch.....Signature.....

Secunder Name (Regular state council member).....

IMA LIFE Member No.....

Branch.....Signature.....

.....

I, Dr.....here by give **my consent to contest** for the post
of.....IMA UP State (2024-25)

1. The eligibility criteria requirements dully signed by Branch Secretary/president on branch letterhead are attached along with this form.
2. I understand that the onus to prove the eligibility and provide supporting documents lies with me (candidate) AND If any document to establish my eligibility is not provided by me, my nomination will be cancelled and treated as null & void.
3. I am enclosing herewith the Election Fee of Rs:..... FOR (POST).....
By DD/UTR Number for NEFT/RTGS transferandand
DD in favor of "IMA UP State" payable at GHAZIABAD.
(Note: Election fee can be paid through DD/IMPS/NEFT/RTGS only. No cheque will be accepted.)

Signature of Candidate

.....
This is to certify that Dr.....contestant for the post of.....

Along with his/her proposer and seconder are the regular member of state council of IMA UP and have paid their dues or HFC for 2023-24 which has been dully forwarded to IMA HQ and fulfill the eligibility criteria for the said post. His/her nomination fee has been credited into the account of IMA UP State.

Signature of Hony. State Secretary

Received the nomination of Dr.....of IMA Branch.....

For the post ofIMA UP STATE

(session 2024-25).

His nomination for the said post is found **Valid/ Invalid** because of following reasons.

1.
2.
3.

Date :

Signature of Election Officer

Following Documents must be attached along with Nomination Form.

1. Fully completed Nomination form.
2. All Documents pertaining to eligibility for the post as mentioned in notification(Post Held at branch/state, SWC member certificate by IMA UP State Office, CGP/AMS/HBI membership certificate etc)
3. Copy of IMA Life Membership Certificate.
4. No dues certificate and post held at branch certification from the Branch Secretary/President on branch letterhead.
5. DD of Nomination Fee or UTR number for NEFT/RTGS/IMPS transfer.
6. AFFIDAVIT ON LETTER HEAD (that the candidate understand all rules & bye laws of elections and have all the requisite eligibility for the post and have attached valid proof of eligibility required with this nomination . Candidate understand that in the absence of any of the required eligibility document with this nomination form, his/her candidature will be rejected and treated as invalid nomination)
7. AADHAR CARD (I D proof)
8. Passport size photo

Account details for NEFT are as follows:

A/c Name: Indian Medical Association U.P. State
A/c No.: 20199718286
Bank: INDIAN BANK
Address: INGRAHAM INSTITUTE GHAZIABAD
State: UTTAR PRADESH
District: GHAZIABAD
Branch: GHAZIABAD, INGRAHAM INSTITUTE.
IFSC Code: IDIB000I532 (EIGHTH DIGIT IS ALPHABETICAL CAPITAL LETTER "I")
(used for **RTGS, IMPS** and **NEFT** transactions)
Branch Code: Last six characters of IFSC Code represent Branch code.
MICR Code: 110019162