



Indian Society of Critical Care Medicine

Nomination Form

ELECTIONS TO THE OFFICE BEARERS & EXECUTIVE COMMITTEE MEMBER FOR THE TERM 2023 - 2024

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 ISCCM 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 ISCCM.

Post

Period

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Date

Signature of the Candidate