

NATIONAL INTEGRATED MEDICAL ASSOCIATION
(PANDHARPUR BRANCH - 2022-24)
Candidate Bio-Data Form
(Incomplete Bio-Data form shall be rejected)

Full Name (In Capital)
Address
..... Pin Code
Nima Branch District MBS No
Phone Mobile Email
MBS No. of Proposer: MBS No. of Secunder:.....

Experience :

A) State Ex. Council/ Central Ex. Council Year i) For ii) For iii) For	For Office Use
B) Sub Committes of State/ Central Council. Year i) For ii) For iii) For	For Office Use
C) Branch- Only Executive Body Post Year i) For ii) For iii) For	Sign of Br. Secretary with stamp

Enclosed DD No. of Rs. dated
Drawn on Bank
Transaction ID and details (for online transfer)

Date: _____ **Signature of Candidate**

Received on : _____ **Signature of Returning Officer**

PLEASE CUT HERE

NATIONAL INTEGRATED MEDICAL ASSOCIATION
(PANDHARPUR BRANCH - 2022-24)
Candidate withdrawl Form

Date:/...../.....

To,
The Returning Officer,
for Election of NIMA, Pandharpur 2022-2024
Respected Sir,

Herewith I withdraw my nomination form in the election, contesting for the post managing committee member.

Name of Candidate Local Branch

Signature

Name:

Note: This withdrawal form must reach to the election officer on or before 15.01.2024 by E-mail/ Post/ Msg/ Whatsapp.

For Office Use

Received on By

Signature of Returing Officer