



NOMINATION FORM FOR 2018 ELECTION OF OFFICE BEARERS

Name of the post applied for :

Name: Dr / Mr / Ms / Mrs

ISSP Life Membership Number :

IASP Life Membership Number :

Address for Correspondence :

City : Pin : State :

Phone: (Resi) : (Off) :

Mobile : Email ID :

Proposed By:

Name :

ISSP L M No :

Address :

Seconded By:

Name :

ISSP L M No :

Address :

I, Dr. hereby

give my consent for the nomination for the post of

..... of ISSP for the election which are
scheduled in February 2018.

Signature Date :

Name & ISSP L M No :

Designation : Specialty :

Institute :

Note: Last date of receipt of forms at the Secretariat will be **20 January 2018**