

NOMINATION FORM
INDIAN SOCIETY FOR VETERINARY MEDICINE
(REGISTERED UNDER SOCIETIES REGISTRATION ACT 21 OF 1860)

1. Full name of contestant (BLOCK LETTERS) : Dr.
2. Academic qualifications : BVSc & AH/MVSc/PhD
3. Discipline : Veterinary Medicine/Clinical Veterinary Medicine/
Preventive Veterinary Medicine
4. ISVM Life Membership No. :
5. Office address :
6. Address for correspondence :
7. State :
8. Mobile No. :
9. Email ID :
10. Notification for the **ISVM Executive Committee Election**, _____ : Ref. No.: _____ Date: _____
11. Contesting for the post of :
12. Proposed by (Name with ISVM LM No.) :
13. Seconded by (Name with ISVM LM No.) :
14. Amount of election processing fee paid : Rs.
15. Details of payment :
16. Whether permission sought from Head of the Institute: Yes/No
17. Documentary proof attached (self-attested):
- (i). ISVM LM certificate
 - (ii). Academic qualifications
 - (iii). Permission from the Head of the Institute
 - (iv). Proof of payment of election processing fee

Declaration

a) I, Dr. hereby declare that the above information furnished by me is true and based on records. In case it is found wrong / incorrect, my candidature for (name of the post) in the Executive Committee of ISVM Election, (year) will be liable to be rejected.

b) If I am elected for any post in the Executive Committee of ISVM, and if at any stage thereafter I am found to have furnished wrong information regarding my candidature thereof, I shall immediately resign from the same post of the Executive Committee of ISVM. Further, the competent authority of EC of ISVM may communicate this to my employer for necessary action and office record.

A. S. Sawani
28/05/2020



.....
(Signature of the candidate)

Date.....

INDIAN SOCIETY FOR VETERINARY MEDICINE (ISVM)
EXECUTIVE COMMITTEE ELECTION _____
NOMINATION FORM
(To be filled by the Proposer)

I, Dr (BLOCK LETTERS) propose the
name of Dr. having ISVM Life Membership
No..... for the post of in the ISVM Executive Committee Election, _____.

.....
(Signature of the Proposer with date)

*Name

*ISVM Life Membership No.

*Essential to be mentioned

(To be filled by the Seconder)

I, Dr (BLOCK LETTERS) second the name of
Dr. having ISVM Life Membership No. for the
post of..... in the ISVM Executive Committee Election, _____.

.....
(Signature of the Seconder with date)

*Name

*ISVM Life Membership No.

*Essential to be mentioned

(To be filled by the Candidate)

I, Dr (BLOCK LETTERS)..... accept my candidature for the post
of..... in the ISVM Executive Committee Election, _____.

.....
(Signature of the Candidate with date)

*Name

*ISVM Life Membership No.

*Address

*Email:

*Mobile No:

*Essential to be mentioned

Counterfoil (For office use only)

The nomination is accepted / rejected.

Handwritten signature and date: 28/05/2026



.....
(Signature & Name of the Returning Officer)
ISVM EC Election

Date: