



ASSOCIATION OF COMMUNITY OPHTHALMOLOGISTS OF INDIA

(Registered Under The Societies Registration No. S/IL.L/ 73898 OF 2010-2011 UNDER
WEST BENGAL Act xxvi of 1961)

NOMINATION FORM

Name of the Post : **VICE PRESIDENT**

(IN CAPITAL LETTER)

NAME AND ADDRESS OF THE MEMBER \WHOSE NAME IS BEING PROPOSED FOR THE ABOVE POST

Name :

(IN CAPITAL LETTER)

Age : Sex :

Academic Qualification(s)

.....

Present Affiliation

ACOIN Membership Details Associate member / Life member.

Since

Present Address (mailing)

.....

State :

Pin :

Tel

Mob :

E-mail :

Fax :

Permanent Address :

Proposed By

Name

Full Signature of the Proposer

Date : Place :

Seconded By

Name

Full Signature of the Proposer

Date : Place :

Full Signature of the Candidate

Date : Place :

For Further Details Regarding Eligibility Etc. Please Refer to ACOIN Constitution vide: www.acoinsite.org