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 :
(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 (malling) ....
....

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)