



(OCCUPATIONAL THERAPY/ERGO MEDICINE)

ALL INDIA OCCUPATIONAL THERAPISTS' ASSOCIATION

[Election 2016-2020]

NOMINATION FORM

(To be filled in Capital Letters)

Dated:

To,

Dr. Lalit Narayan

Chairperson , Election Committee , AIOTA

Pt. Deendayal Upadhyaya Institute for the Physically Handicapped

4, Vishnu Digambar Marg, **New Delhi-110002**

Tel: 9810806492

E-Mail: aiotaelections2015@gmail.com

Dear Sir,

I wish to contest for the Post of [.....] in the AIOTA Election being held under your able control for constituting the **Executive Committee for the Financial Year 2016-2020**.

I hereby certify that:

- I am a regular Life Member of AIOTA Since _____
- I have also renewed my membership before 2nd August, 2015. (Applicable only for Members who had obtained their Life Membership on or before 2000).
- I have served in AIOTA Executive Committee as:
 - A. E.C. Member : From _____ To _____
 - B. _____ From _____ To _____
 - C. _____ From _____ To _____
- I also certify that neither there has been any disciplinary proceeding against me, nor my membership is /was withheld and/or was suspended for any reason, till date. All information given in the Nomination Form and the Annexure are correct to the best of my knowledge.

Kindly accept my Nomination and oblige.

Thank you

Sincerely

Signature of the Contestant : _____

Name (as in record of AIOTA) : _____

Full Address : _____

AIOTA Membership No. : _____ AIOTA Membership: Year of Issue: _____ Year Renewed: _____

Tel. No. : _____
E Mail : _____

Letter of Endorsement from any TWO Members of A.I.O.T.A.

I/ We herewith endorse the name of Dr. _____
For contesting the Election on the Post of _____ for AIOTA Executive Committee (2016-2020).
My/ our AIOTA / ACOT Membership Certificate is enclosed with this letter of Endorsement.

Endorsee:1

Signature:

Name:

Membership#:

Address:

Tel.#:

Email:

Endorsee:2

Signature:

Name :

Membership#:

Address:

Tel.#

Email:

ANNEXURES:

- 1. Election Deposit:**
DD for Rs.1000/- in favor of AIOTA , Payable at Mumbai.
DD. No.: _____ Dated: _____ Bank/Branch: _____
- 2. a.** AIOTA and /or ACOT Membership Certificate of Contestant and Endorsees (Self Attested) or
b. Copy of Renewed Membership Certificate in case original Life Membership of AIOTA is issued on/or before the year 2000 (Self-Attested)
- 3. Letter of Endorsement:** from Members preferably on photocopy of the Nomination Form if the member/s is form other place with that of the Contestant.

Dated _____

Signature of the contestant

For office use

Nomination Form received on Dated _____

Nomination approved: Yes/No

Withdrawal of Nomination: Yes/ No Received Letter of Withdrawal on Dated: _____

Reasons for Non-acceptance of Nomination: _____

Permitted to Contest on the Post of: _____

Signature
Chairperson, Election Committee