



ALL INDIA OCCUPATIONAL THERAPISTS ASSOCIATION NOMINATION FORM FOR ONLINE ELECTION

Type of Nomination : Self (or) Proposed*

Name of proposer* :

Name of the Post :

Candidate Name : Paste Photo

AIOTA Membership No. :Member Since

Age / Date of Birth :Sex.....

Education Qualification :

Address :

.....

Mobile 1 :

Mobile 2 :

Email :

Present Designation :

Office / Institution Address:

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Positions held in AIOTA (List most recent position first)

1. Position :..... Year: From:..... To:.....

2. Position :..... Year: From:..... To:.....

3. Position :..... Year: From:..... To:.....

4. Position :..... Year: From:..... To:.....

I,Drhereby certify that i am an active member of AIOTA for last 3 years without any gap in the membership and there is no disciplinary action against me and all the the information given in this form are TRUE to the best of my knowledge and I believe that no part of this declaration is false and if found to be false the nomination may be cancelled.

Date : Place: Signature with Name

OFFICE USE ONLY

Nomination Form received on :

Acknowledgement sent on :

Verified and found valid : Yes/No

If No, caused of rejection :

Status of nomination: Withdrawn/ Rejected/Contesting for election

Name & signature of Election chairperson