

**KERALA ORTHOPAEDIC ASSOCIATION ELECTIONS 20...**

**Nomination form**

Post applied for		
Name		
Date of birth(Please attach Proof)		
KOA Life Membership No.		
IOA Life Membership No.		
Address		
District Club Affiliated to		
Number of years of standing membership in KOA		
Previous posts held in KOA executive with years	1.	
	2.	
	3.	
	4.	
Nominated by	Name	
	KOA life membership No.	
	Signature	
Seconded by	Name	
	KOA life Membership No.	
	Signature	

**Declaration**

I.....do hereby declare that the information given by me above is true to the best of my knowledge. If elected I shall carry out the responsibilities to the best of my ability, upholding the integrity of the association.

Place:

Date:

Signature

**FORWARDING LETTER OF DISTRICT CHAPTER**

This is to certify that Dr.....who has given nomination for the post of .....in KOA Elections 20XX is a life member of ..... (Name of the District club) and the members of the club are happy to forward his nomination.

Place:

Date:

Signature

President/Secretary

Name of District Chapter .....