

KERALA ORTHOPAEDIC ASSOCIATION ELECTIONS 2024-2025
Nomination form

Post applied for		
Name		
Date of birth(Please attach Proof)		
KOA Life Membership No.		
IOA Life Membership No.		
Address		
Mobile No		
Email		
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 being given nomination for the post of in KOA Elections 2024-2025 is a life member of (Name of the district club)

Place:

Date:

Signature
President/Secretary

.....
(Name of District Chapter)