

INDIAN SOCIETY FOR PEDIATRIC NEUROSURGERY
NOMINATION FORM FOR THE ELECTION OF EXECUTIVE COMMITTEE
(Term beginning 2018)

I wish to submit my candidature for the following post:

- President Elect**- 1 post (2 years) **Honorary Secretary**- 1 post (3 years)
 Treasurer – 1 post (3 years) **EC Member** - 4 posts (3 years) **Editor** – 1 post (3 years)

Name of the candidate (First)------(Middle)------(Last)-----

Hospital (Work)_____

Mailing Address:_____

IndSPN Membership no._____

Phone (Landline and Mobile): _____

Email ID: _____ Signature:_____

Proposed by

Name_____

Address_____

Mobile no._____ Email ID _____

IndSPN Membership No._____ Signature_____

Seconded by

Name_____

Address_____

Mobile no._____ Email ID _____

IndSPN Membership No._____ Signature_____

DECLARATION: Duly filled –in form, brief CV, and a recent photograph of the candidate should be sent to Dr. Suresh Sankhla, Room 112, Global Hospital, 35, Dr. E. Borges Road, Opp. Shirodkar High School, Parel, Mumbai-400012; or on drsureshsankhla@gmail.com (scanned copies) on or before **12:00 midnight December 31, 2017.**