



# INDIAN DENTAL ASSOCIATION

## Kochi Branch

ELECTION 2025-2026

### NOMINATION FORM

NAME OF THE POST  
APPLIED FOR

#### CANDIDATE

NAME : \_\_\_\_\_ Membership No. \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

Telephone No. with STD Code : \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail: \_\_\_\_\_

#### PROPOSER

I Dr. .... Membership No. .... hereby

propose the name of Dr. ....

(Candidate name) for the post of ..... for the year 2025 - 26

*Signature of the Proposer*

#### SECONDER

I Dr. .... Membership No. .... hereby

second the name of Dr. ....

(Candidate name) for the post of ..... for the year 2025 - 26

*Signature of the Seconder*

#### CONSENT OF THE CANDIDATE

I Dr. .... (Candidate Name) hereby accept the above

nomination for the post of ..... for the year 2025 - 26

Place:

Date:

*Signature of the Candidate*