

**OSSAP ELECTIONS – 2019**  
**ORTHOPAEDIC SURGEONS SOCIETY OF ANDHRA PRADESH**  
**(A.P. Chapter of Indian Orthopaedic Association)**  
**NOMINATION FORM**

I, Dr..... bearing the OSSAP Life Membership no.: .....  
wish to contest for the post of

- PRESIDENT ELECT  
 EXECUTIVE COMMITTEE MEMBER

Kindly accept my nomination. I will abide by the rules as given in the by-laws and framed by the election officer.

Date..... Signature:.....

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**Proposed by**

Name & address of the proposer: .....

OSSAP LM no: .....

Date & Signature: .....

**Seconded by**

Name & address of the proposer: .....

OSSAP LM no: .....

Date & Signature: .....

(The Proposer and seconder should not propose or second any other contestant. otherwise the nomination will be disqualified and rejected.)

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Nomination forms should reach the Election **officer** (Hard copy) before 5PM on before 22<sup>nd</sup> November 2019 along with a soft copy to [drssrao2018@yahoo.co.in](mailto:drssrao2018@yahoo.co.in) from the candidate's registered mail.

Dr. S.SUBRAMANYA RAO  
President-Elect & Election Officer.  
Sri Sai Nursing home, 20-692-1 co-operative colony, Beside Nehru park, Kadapa - 516001.  
Ph. 9849280568; drssrao2108@yahoo.co.in

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**FOR OFFICE USE ONLY**

- Contestant, Proposer and Seconder are Life Members of OSSAP  
 Nomination was filed within the stipulated time  
 Accepted  
 Rejected. Reasons for rejection:.....