



UROLOGICAL ASSOCIATION OF KERALA

Nomination Form for Election of Office Bearer

Name of the Post:

Year:

Name of the Candidate Nominated:

Address:

UAK Membership Number:

Phone No.:

E mail ID:

1. Proposed by

Name:

Signature:

Address

UAK Membership No:

2. Proposed by

Name:

Signature:

Address

UAK Membership No:

1. Seconded by

Name:

Signature:

Address

UAK Membership No:

2. Seconded by

Name:

Signature:

Address

UAK Membership No:

DECLARATION

I hereby agree to abide by the Rules and Regulations of the Urological Association of Kerala and shall serve the society to the best of my abilities if elected to the post.

Place :

Signature of the Candidate

Date: