



Nomination form
General Elections 2014
Society for Emergency Medicine, India

Name of the Applicant: _____

Age: _____

Sex: Male / Female

Father / Husband Name: _____

Permanent Address with Phone: _____

Current Address for Communication with Phone: _____

Name of Institution / Hospital currently employed with Address and Phone:

Email Address: _____

Mobile no.: _____

Qualifications: _____

Years of Experience in Emergency Medicine: _____

SEMI Membership no. & Date of SEMI Registration: _____



Post applied for National (please tick only one)

President

Vice President

General Secretary

Joint Secretary

Treasurer

Post applied for State Chapter (please tick only one)

President

Vice President

General Secretary

Joint Secretary

Treasurer

Payment Details (towards nomination)

Mode of Payment: Demand Draft* only, Amount: Rs.1000/-

Details of Demand Draft

Bank: _____

Amount: _____

Demand Draft No.: _____ Dated: _____

*DD should be drawn in favor of **Society for Emergency Medicine, India** payable at Hyderabad

Please Note:

1. All Nominees are requested to go through the Constitution before filing the Nomination forms**. Dates for the nomination / withdrawal of application are modified as follows



- a. **Last Date for Submitting** filled in application forms should reach on or before 30.09.2014
 - b. **Last Date for Withdrawal** of Nomination on or before 15.10.2014
 - c. Final List of Candidates will be announced on 25.10.2014.
2. Any application form not fulfilling the norms will be rejected

By signing this form you will abide by the following declarations

DECLARATION

I hereby declare that the above statement and information are correct to the best of my knowledge and belief and I undertake to abide by the relevant Code of medical ethics as enunciated in the bylaws of the Society for Emergency Medicine India.

I fully understand that any information furnished above, if proved incorrect or false will render me liable for any penal action or other consequences as may be prescribed in law or otherwise warranted.

Place: _____ Signature:

Date: _____ Name:

Address for sending the filled in applications:

**Mr.Sayeed,
Secretary, Society for Emergency Medicine, India(SEMI)
C/O Dr.Hariprasad.K
CEO office, 4th Floor,Apollo Health City,
Jubilee Hills, Hyderabad – 500034.**

Note. Those who have not received ID cards, please mail your Soft copy of Photograph which will enable us to issue the same during EMCON 2014.

We request all the SEMI members to register for EMCON 2012 and make the Conference a big Success.

