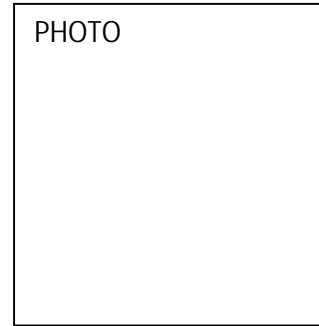




Nomination form
General Elections for term 2016-2018
Society for Emergency Medicine, India

PHOTO



Name of the Applicant: _____

Age: _____

Gender: Male / Female

Permanent Address with Phone: _____

Current Address for Communication with Phone: _____

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

Email Address: _____

Mobile no.: _____

Formal Emergency Medicine Qualification : _____

Other Qualifications: _____

Years of Experience in Emergency Medicine: _____

SEMI Membership no. & Date of SEMI Registration: _____



Previous posts held in SEMI at state or National level in reverse chronological order with year.

1.

2.

3.

YOUR SIGNIFICANT CONTRIBUTIONS TOWARDS SEMI

1.

2.

3.

4.

5.

SEMI awards / recognition for your contribution so far or Any other award in recognition of your contribution towards EM / EMS to the community / country.

1.

2.

3.

Your Significant contributions so far TOWARDS EMERGENCY MEDICINE DEVELOPMENT IN INDIA

1.

2.

3.

4.

5.



Your FUTURE Strategy& plan for the development and GROWTH OF SEMI

- 1.
- 2.
- 3.
- 4.
- 5.

Please be informed that all the details provided about the candidate and his / her contributions and plans in this application form will be displayed / disclosed for all the members of the semi (page 1-3). please ensure that the claims are accurate and justified and false claims/achievements will not be appreciated and a details of proof for such claims will be sought for further reference.

Post applied for National

(please tick only one,application will be rejected if you tick more than one)

- | | |
|-------------------|--------------------------|
| President | <input type="checkbox"/> |
| Vice President | <input type="checkbox"/> |
| General Secretary | <input type="checkbox"/> |
| Joint Secretary | <input type="checkbox"/> |
| Treasurer | <input type="checkbox"/> |

Post applied for State Chapter (please tick only one)

(please tick only one,application will be rejected if you tick more than one)

- | | |
|-------------------|--------------------------|
| President | <input type="checkbox"/> |
| Vice President | <input type="checkbox"/> |
| General Secretary | <input type="checkbox"/> |
| Joint Secretary | <input type="checkbox"/> |
| Treasurer | <input type="checkbox"/> |



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 4.00 PM,20.09.2016
 - b. Last Date for Withdrawal of Nomination on or before 4.00 PM,10.10.2016
 - c. Final List of Candidates will be announced on 15.10.2016.
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 have read through the SEMI constitution and bylaws and have understood them clearly.

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.

The returning officers decision is final and will comply to that.

Place:

Signature:

Date:

Name:

Address for sending the filled in applications:

Mr.Sayeed,

Office Secretary

Society for Emergency Medicine, India(SEMI)

C/O Dr.Hariprasad.K

CEO office, 4th Floor,Apollo Health City,

Jubilee Hills, Hyderabad – 500034.

