

**ANDHRA PRADESH OPHTHALMIC SOCIETY ELECTIONS 2019
NOTIFICATION**

Nominations are hereby called for the following posts of APOS 2019

1. Vice President
2. Hon. Gen. Secretary
3. Joint Treasurer

Important Dates	
Nomination filing start date	27/Jun/2019.
Last date for filing nominations	27/Jul/2019 , 5:00 PM.
Last date for withdrawal of nomination	31/Aug/2019, 5:00 PM.
Scrutiny of nominations	05/Sep/2019
Date & Time of Election	27/Sep/2019 - 2:00 PM to 5:00 PM

Venue of Election: Rangaraya Medical College Campus (5th APOS Annual Conference Venue)

Nomination form can be downloaded from www.apos.co.in

Filled in Nominations to be sent to

ANDHRA PRADESH OPHTHALMIC SOCIETY (192/2014)
D.No.40-5-19/4,
CHAITANAYA EYE HOSPITAL,
MOGHALRAJAPURAM.
VIJAYAWADA – 520010
ANDHRA PRADESH
CONTACT NO : 9515464438

IMPORTANT POINTS

- The candidate, proposer and seconder applying for various posts MUST be active life member of APOS for atleast 3 years.
- No member can propose or second for more than one candidate for the same post.
- Proposer and seconder should not be an office bearer of APOS.
- Only one set of nomination can be submitted for a post.
- Only physical copies of the nominations accepted. No soft copies are accepted.
- Applications received after the last date & time shall be automatically rejected.
- For more information, contact Dr.Siva Prasad on catchsiva@yahoo.com / +91 9849009531

ANDHRA PRADESH OPHTHALMIC SOCIETY ELECTION NOMINATION FORM

(Fill in BLOCK LETTERS)

NAME OF THE POST	
NAME OF THE CANDIDATE	
APOS LIFE MEMBERSHIP NO	

PROPOSER NAME	
PROPOSER'S APOS MEM. NO.	
SIGNATURE	

SECONDER NAME	
SECONDER'S APOS MEM. NO.	
SIGNATURE	

I confirm the below:

1. I am an active life member of APOS and have been a member for more than 3 years.
2. My proposer has not proposed any other candidate for the same post.
3. My seconder has not seconded any other candidate for the same post.
4. My proposer and seconder are not office bearers of APOS.
5. I have not submitted any other nomination for the same post.
6. I agree that if the hard copy of this nomination form is not received at the APOS office on or before the last date, my nomination stands cancelled automatically.

Date:

Signature of the candidate