

2 Passport size
photo to be attached

**NOMINATION FORM FOR THE ELECTION OF CENTRAL WORKING COMMITTEE MEMBERS OF ODISHA
MEDICAL SERVICES ASSOCIATION FOR THE SESSION 2024-26**

SL NO	NAME OF THE POST APLIED FOR	:	
1	Name of the candidates (Block Capital Letter)	:	
2	Address for Communication	:	
3	Mobile number	:	
4	Email-Id	:	
5	Life Membership Number (copy of the card to be attached)	:	
6	Date of joining in service as per Health & F.W Dept, Govt. of Odisha (1 st page of service Book with Signature of the candidate)	:	
7	Details of previous Branch Secretary cum Treasurer in any branch of OMSA and CWC member for one term (2 years) (Proof to be attached)	:	
8	Details of on-line payments: Nomination fees of Rs 2000/- is to be deposited in favour of OMSA, AC No- 10173713293, IFSC Code:- SBIN0003341 at OUAT Branch Bhubaneswar (Proof to be attached)	:	
9	<u>Details of Proposer:</u> Name with designated & address Life Membership Number Signature	:	
10	<u>Details of Seconder</u> Name with designated & address Life Membership Number Signature	:	

N.B:- one life Member can propose or second for one candidate only.

DECLARATION BY THE CANDIDATE

Isolemnly declare that all above facts and documents submitted by me are true to the best my knowledge & belief. I also declare that no disciplinary proceeding/Criminal Cases/Vigilance Cases is pending against me. Any deviation to this will be viewed seriously and action as deemed proper will be taken by the Central Election Committee.

Date:

Place:

Full signature of the Candidates