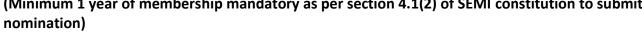
РНОТО



Society for Emergency Medicine, India Nomination form

General Elections for Term 2022-2024 (2 years)

Name of the Applicant:	
Age:	Sex: Male / Female
Name of Institution / Hospital curre	ently employed with Address and Phone:
Mobile no.:	
Qualification:	
Years of Experience in Emergency M	ledicine:
SEMI Membership No	
	nandatory as per section 4.1(2) of SEMI constitution to sub





Previous posts held in SEMI at state or National level (Most recent first)		
	1.	
	2.	

3.

Short Bio Data (<200 words) (Please ensurethat the claims are accurate and justified and false claims/achievements will not be appreciated and will lead to rejection)





Post Applied for

Please circle only one

Application will be rejected if you tick more than one post as per section 4.1(5)

- 1. President
- 2. Vice President (North)
- 3. Vice President (South)
- 4. Vice president (East)
- **5.Vice President (West)**
- **6.Vice President (Central)**
- 7. General Secretary
- 8. Joint Secretary
- 9. Treasurer



Payment Details (towards nomination)

Mode of Payment: Demand Draft			
Fee – 1000 INR, Name: Society for Emergency Medicine – India, Payable at Hyderabad			
Application along with DD to be sent to – Mr Sayeed,Office Secretary, Society for Emergency			
Medicine,India,4 th Floor, Apollo Health City, Jubilee Hills, Hyderabad 500033			
Application without DD will be rejected			
<u>Details of Demand Draft</u>			
Bank:			
Amount:			
Demand Draft No.:	Dated:		
Please Note:			
 All Nominees are requested to go through the Constitution before filing the Nomination forms. Dates for the nomination / withdrawal of application as follows Last Date for Submitting filled in application forms to SEMI head office, Hyderabad 			
a. On or before 4.00 PM,15 th September 202	22		

- b. Last Date for Withdrawal of Nomination on or before 4.00 PM,30th September 2022
- C. Final List of Candidates will be announced on 15th October 2022
- d. Election date: AGM, EMCON 2022, Trivandrum.
- $2. \ \ \, \text{Any application form not fulfilling the norms will be rejected}$



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 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 ineligible for election

Place:	Signature:
Date:	Name:

This call for nomination is announced by Dr Saravana Kumar, Secretary SEMI as per Section 4.2(3) of the SEMI constitution and final list of candidates will be announced by the Secretary.

