

WEST BENGAL ORTHOPAEDIC ASSOCIATION

102/3A, Dr. Suresh Chandra Banerjee Road, Beliaghata Main Road, 1st Floor, Kolkata – 700010, WB
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NOMINATION FORM

For electing the office bearers of the
Executive Committee of the West Bengal Orthopaedic Association
For the year 2024-25

1. Name of the candidate : _____
(Full name in Capital letters)

2. Post applied for : _____

3. WBOA Life Membership No: _____

Signature Date

Proposed by (Full name) : _____

WBOA Membership No. LM/ : _____ Signature Date: _____

Seconded by (Full name) : _____

WBOA Membership No. LM/ : _____ Signature Date: _____

NB :

- (a) In terms of Rule I (B) of the Constitution only Life Members are voters;
- (b) A voting member may propose and second nomination only in case of three persons in a year.
- (c) Incomplete application will be considered invalid.

(FOR OFFICE USE ONLY)

Received on (Date) _____ at _____ Hours

ELECTION OFFICER'S REPORT: Accepted: **Yes / No**

If not, reasons there of _____

Date Signature of Election Officer

Please note last date of submission of nomination paper is **15.11.2024** up to **17.00** hours