**INDIAN SOCIETY OF PEDIATRIC GASTROENTEROLOGY HEPATOLOGY & NUTRITION**

**SOCIETY ELECTION NOMINATION FORM**

 FOR THE YEAR:……………………..

Name: Date of submission:

ISPGHAN membership No:

Official address:

Residential address:

E mail: Mobile No:

Position applied for:

If as EB member, specify Zone (see below):

Do you satisfy the requirements for the post: Yes/ No

Details of posts earlier held in ISPGHAN (if any):

**PROPOSED BY:** Name:

Membership No: Signature:

**SECONDED BY:** Name:

Membership No: Signature:

I agree to be nominated for the above post in the executive board of ISPGHAN. I agree to abide by the rules and regulations of the society and the election process.

 Name : Signature: Date:

**North Zone**: Delhi-NCR, Punjab, Haryana, Himachal Pradesh, J & K

**South Zone**: Tamilnadu, Kerala, Karnataka, Andhra, Telangana, Pondicherry

**West Zone**: Maharashtra, Gujarat, Rajasthan

East Zone: West Bengal, Orissa, Bihar, Jharkhand, Assam & North East

**Central zone**: UP, MP, Chatisgarh, , Uttarakhand

**Describe in less than 500 words, your vision and agenda for the society**

(This will be displayed on the website until the election process in completed)