



Indian Speech and Hearing Association (ISHA)

Regd. Under the Karnataka Societies Registration Act. Karnataka Act No. 17 Registration No. 25/67-68

Nomination form for the ISHA Election

*Name of the Nominee: _____

Year of filling nomination: _____

Correspondence Address: _____

Contact Phone No: _____ Mobile Number: _____

E-mail: _____ Life membership No: _____

Post applied for: _____

I hereby nominate Dr./Mr./Ms: _____

For the post of: _____

*Proposed by Dr./Mr./Ms.: _____

Life membership Number: _____ Signature: _____

*Seconded by Dr./Mr./Ms: _____

Life membership Number: _____ Signature: _____

Signature of the Nominee

Note:

- Send separate nomination for each post
- Please mail the dully filled up application form to:
Shri Indranil Chatterjee
Faculty, Dept. of Speech and Hearing
AYJNISHD (D), ERC, B.T.Road,
Bonhooghly, Kolkata-700090
Mobile: 9433102816
Email: secretary@ishaindia.org.in