



# 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: 2017

\*Name of the Nominee: \_\_\_\_\_

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

**Last date of submission of Nomination:**

15<sup>th</sup> December, 2016

**Last date of withdrawal of Nomination:**

25<sup>th</sup> December, 2016

### Note:

- Please send the hard copy of your nomination on or before: 15<sup>th</sup> December, 2016 along with copy of your membership certificate.
- Send separate nomination for each post
- Please mail the dully filled up application form to:

**Krishna Y, Ph.D; CCC-A**

Hon. Gen. Secretary, ISHA

Dept., of Speech and Hearing

School of Allied Health Sciences, Manipal University

Manipal – 576 104

Email: secretary@ishaindia.org.in