

# Academy of Pediatric Neurology 2022 ELECTION NOTICE

Elections of following post to be held as per schedule given below. The Members of the academy can fill the forms and send it to election officer, whose address is given below. The nomination form should include necessary DD in favor of “**Academy of Pediatric Neurology**”, payable at Raipur

- |  |              |
|--|--------------|
| 1. Chairperson Elect 2023 (1)                    | DD of 2000/- |
| 2. Executive Board member (5) One From Each Zone | DD of 500/-  |
| 3. V.P. 2022 (1)                                 | DD of 1000/- |
| 4. Joint secretary (1)                           | DD of 1000/- |

Chairperson/ Organizing secretary (either of the one) “Neuropedicon 2020” will be joint secretary

## Election Officer

**Dr Anoop Varma**  
Swapnil nursing home, civil lines, katora talab  
RAIPUR ,CG PIN -492001  
MO-9826142411

**Dr Sheffali Gulati**  
Chairperson 2021  
Chief child neurology,  
AIIMS  
DELHI  
MO-9810386847  
E MAIL-sheffaligulati1@gmail.com

**Dr sanjeev joshi**  
Secretary General,  
joshi children hospital ,date college  
road. yavatmal m.s. 445001  
Nagpur, Maharashtra, 440009  
Email- sanjeevj0407@gmail .com  
MO- 9822502583

## ELECTION OF Academy of Pediatric Neurology 2020

Date of Notification	30 MARCH 2022
Last Date of Filling Nomination	10 <sup>th</sup> APRIL 2022
Scrutiny of Nomination	11 <sup>th</sup> APRIL 2022
Last Date of Withdrawal	13 APRIL 2022
Election if any by ballot	15APRIL – 25 <sup>th</sup> April 2022
Declaration of Election Result	27th April 2022

# ELECTION OF ACADEMY OF PEDIATRIC NEUROLOGY 2022

## Nomination form

Post Name :

Candidate Name :

IAP membership no. – :

Membership no. of academy :

Address :

Proposer Name :

Membership no. of IAP :

Membership no. of academy :

Signature

Seconder Name :

Membership no. of IAP :

Membership no. of academy :

Signature

Draft no. \_\_\_\_\_ Drawn on \_\_\_\_\_ Date \_\_\_\_\_

I hereby declare that I consent for nomination for the post; all information provided by me is true.

Date:

Place:

Name of Candidate

Signature of Candidate

Duly filled form should be submitted to the election officer whose address is given below along with identity proof (Aadhar Card/PAN Card/ Driving License

**Election Officer**

**Dr Anoop Varma**  
Swapnil nursing home, civil lines, katora talab  
RAIPUR ,CG PIN -492001

**MO-9826142411**