

Election neurology chapter 2018

Nomination form

Post –

Name –

IAP membership no. –

Neurology chapter membership no. –

Proposer -

Name –

membership no. of IAP –

Membership no. of chapter –

Secunder -

Name –

membership no. of IAP –

Membership no. of chapter –

Draft no.

Drawn on -

Date –

Duly filled form should be submitted to the elction officer whose address is given below - **Dr. A P Savant 8/18, Priyadarshaniparisarwest , near AgrawalbhavanBhilai , 490020 , mob no. 9425552727**