

## Indian Academy of Pediatrics Neonatology Chapter

### NOTICE OF ELECTION FOR THE OFFICE BEARERS 2025-26

Applications are invited from the eligible members prescribed in the Rules & Regulations as per election schedule detailed below (one post one person) only:-

- PRESIDENT ( One post)
- SECRETARY ( One post)
- JOINT SECRETARY ( One post)
- TREASURER ( One post)
- EXECUTIVE COMMITTEE MEMBERS (Zonal representative, 2 post per zone)

<b>Sr. No.</b>	<b>Event</b>	<b>Date(s)</b>
1	Filing of nominations	From 01/12/2024 to 15/12/2024 4 pm
2.	Withdrawal of nominations	From 16/12/2024 to 17/12/2024 4 pm
3.	Display of final list candidates	18/12/2024
4.	Polling day	25/12/2024 onwards
5.	Counting of votes/declaration of result	31/12/2024

Elections will be conducted by Election Commissioners.

**Chief Election commissioner:** Dr Ranjan Pejaver

**Election Commissioner:** Dr Rishikesh Thakre and Dr Naveen Jain

**Eligibility Criteria for various posts:** See the constitution of the chapter on the website ([www.iapneochap.org](http://www.iapneochap.org))

**Complete Nomination form should be posted to (should reach by 15<sup>th</sup>**

**December 2024 4 pm):**

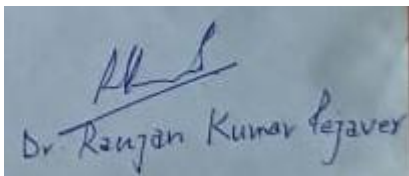
Dr Ranjan Pejaver

Tharanga, no 5 binny layout, behind athiguppe, vijayanagar,

Bangalore 560040

**Election Commissioners :**

**Dr Ranjan Pejaver**



Dr. Ranjan Kumar Pejaver

**Dr Rhishikesh Thakre**



Dr Rhishikesh Thakre

**Dr Naveen Jain**



**NOMINATION FORM FOR THE OFFICE OF IAP NEONATOLOGY CHAPTER**  
**PRESIDENT/SECRETARY/JOINT SECRETARY/TREASURER/MEMBERS**

Post Applied for .....

Name of the Nominee :- .....

Date of Birth : .....

Address of the Nominee .....

.....

E mail ID .....

Mobile No:.....

IAP Membership No:.....

Chapter Membership No: .....

Proposed by: Name .....

Address.....

Mobile: .....Email.....

IAP Membership No:.....

Chapter Membership No:.....

Signature .....

Seconded by: Name .....

Address .....

Mobile: .....E mail: .....

IAP Membership No:.....

Chapter Membership No:.....

Signature.....

I hereby give my consent for the above nomination for the office of President/Secretary/Joint Secretary/Treasurer/Member Indian Academy of Pediatrics Neonatology Chapter.

Name:- .....

Signature:- .....Date : .....