

**NOMINATION FORM FOR THE ELECTIONS OF KARNATAKA STATE CHAPTER OF
INDIAN RADIOLOGICAL AND IMAGING ASSOCIATION FOR 2024**

Date: / / **2023**

We Propose and Second Dr. _____
_____(Name and Address in **BLOCK** Letters) with
IRIA Membership No. _____ as the _____ (post)
of Karnataka state chapter of Indian Radiological & Imaging Association for the year 2024.

1. Name and address of the Proposer: _____
IRIA Membership No. _____
Signature _____

2. Name and address of the Seconder: _____
IRIA Membership No. _____
Signature _____

CONSENT OF THE CANDIDATE

I shall be willing to serve as the _____ of the Karnataka state chapter of
'Indian Radiological & Imaging Association' for the year 2024.

Name, address and IRIA Membership number of the Candidate (in **block** letters):

Signature of candidate _____

I **certify** that I am **not** in arrears of the subscription & I have uninterrupted membership of the state chapter for the last _____ years. I also hereby **certify** that I have **not been** convicted in a court of law

(i) sentence after conviction in a court of law for any crime entailing moral turpitude, (ii) convicted by Medical Council of India / State Medical council or Appropriate Authorities for PC & PNDT Act on the grounds of unethical conduct.

Signature of candidate _____