

## **IAP ELECTIONS 2020 - 2023**

1st June 2019

## **ELECTION NOTICE For Central Executive Committee and State committees.**

Nominations are invited for 19 posts of Central Executive Committee (CEC) members which includes Post of President, Vice-President, General Secretary and Treasurer, along with one Joint Secretary and Two CEC Members from five Zones for the THREE year term 2020-2023

Nominations are also invited for State Committee 11 Posts for each State and Union Territory. President, Vice President, General Secretary and Treasurer, 2 Joint Secretaries and 5 C.E.C members

The Details are provided herewith and the same shall be returned to the undersigned. The schedule of the election process is given below.

The elections will be held by Postal Ballots by registered Post. Please read the terms and conditions carefully before filling the nomination form.

### **Election Schedule:**

Last Date of receiving nomination forms by post: 15th July 2019 (IST 23:59 hours) Last Date of publication of list of eligible Candidates: 15th August 2019 (IST 23:59 hours) Last Date of withdrawal: 30th August 2019 (IST 23:59 hours) Last Date of declaration of final valid nomination list: 15th September 2019 (IST 23:59 hours) Date of Ballot Dispatch: 15th OCT.2019 Last Date of Ballot Return: 31st December 2019 (IST 23:59 hours) Counting of Votes and Declaration of Results: 2nd Sunday of January 2020 onwards till the counting

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finishes and results are declared.

Dr. Meenal Khanna Chief Election Officer IAP 2020-2023 E-mail ID - iapelections2020@gmail.com

Address: GO PHYSIO, A-135 C SECTOR-27 NOIDA [U.P] 201301 INDIA

2] Dr R.K Meena [Election officer]
3] Dr.Shanti Bhushan [Election Officer]
4].Dr.Mansi Mehta [Election Officer]
5].Dr.Dharmender Singh Chauhan [Election Officer]



# IMPORTANT: MEMBERS FILLING NOMINATION FORM PLEASE READ THE FOLLOWING PART OF ELECTION PROCEDURE PROPERLY.

i] Extract from Memorandum [Central and State Both]

ii] Nomination form not completely filled as per the requirements is likely to be rejected

iii] Each eligible member can keep only ONE post in one tenure.

iv]Each Individual member can contest only in one election Central or State. However they can fill nominations for Multiple Posts at Centre or State, but they have to deposit the election fee prescribed separately for each post.

v] Candidates claiming the area from which one wants to contest should have both Voter ID Card and Aadhar Card issued from Govt. of India from that area to show that one belongs to the said area.

vi] For Contesting Central IAP election, candidates should have at least 3 years of membership as on 31st March 2019 for the post of Joint Secretary and EC Members and 5 years for President, Vice -President, General Secretary, and Treasurer.

Whereas for State elections fresh members registered till 31st march 2019 can also contest.

VII] For details of memorandum and election procedure and all notices the candidates are requested to check the official website www.physiotherapyindia.org



## NOMINATION FORM (IAP ELECTION 2020-2023) CENTRAL/STATE

NAME:		
(FIRST NAME) (MIDDLE NAME) (SURNAME)		
LIFE MEMBERSHIP NO:		
ADDRESS:		
CITY:STATE:	PIN CODE:	
EMAIL:	MOBILE NO:	
POST:		
SIGNATURE OF CANDIDATE	DATE:	
PROPOSED BY:		
NAME:		
(FIRST NAME) (MIDDLE NAME) (SURNAME)		
LIFE MEMBERSHIP NO:		
ADDRESS:		
CITY:STATE:	PIN CODE:	
EMAIL:	MOBILE NO:	
POST:		

SIGNATURE OF PROPOSER

## SECONDED BY:

NAME:	
(FIRST NAME) (MIDDLE NAME) (SURNAME)	
LIFE MEMBERSHIP NO:	
ADDRESS:	
CITY:STATE:	PIN CODE:
EMAIL:	MOBILE NO:
POST:	

#### LIST OF ENCLOSURES:

- 1] Nomination Form for Each Post.
- 2] Copy of membership certificate of contestant.
- 3] Copy of membership certificate of Proposer.
- 4] Copy of membership certificate of Seconder.
- 5] Copy of Voter I.D Card. of Contestant
- 6] Copy of Aadhar Card. of Contestant.

7] Election Fee of Rs. 15,000 by Demand Draft In favour of Indian Association of Physiotherapists, Payable at Indore.

8] Electoral Roll Charges if require by Candidate by D.D of Rs 5,000/Roll In Favour of Indian Association of Physiotherapists, Payable at Indore.

- 9] Notarised Affidavit by the Candidate in Given Format.
- 10] Notarised Model Code of Conduct in Given Format.

## DECLARATION BY THE CANDIDATE

I, Dr\_\_\_\_\_\_ sign my willingness to serve as Member of the executive committee of Central/ State. I further declare that if I am elected to the said post, I would attend at least two meetings of the executive committee and all General body meeting every year. I hereby certify that the above information provided is correct. If the same is found incorrect, my nomination is liable to be cancelled.

SIGNATURE OF THE CANDIDATE:

PLACE:

DATE: