

IAP KERALA STATE ELECTION 2024

NOTIFICATION

Dated - 20/07/2024

Notice is hereby given for the Elections for the following posts of Indian Academy of Pediatrics, Kerala State Branch for the year 2025, as per the schedule published below:

1. State President Elect 2025 --- 1 Post (Term 1 year)
2. State Vice President Elect 2025 - 1 Post (Term 1 year)
3. State Secretary 2025 & 2026--1 Post (Term 2 years)
4. State Treasurer 2025 & 2026--1 Post (Term 2 years)
5. State Joint Secretary 2025 & 2026--1 Post (Term 2 years)

Eligibility-

All candidates should have served in the State EB for 2 completed years.

President Elect candidate should be an IAP Life member for at least 10 years.

Vice President Elect, State Secretary, Treasurer and Joint Secretary Candidates should be an IAP Life member for at least 7 years .

The nomination forms can be downloaded from the Kerala IAP Website.

The nomination fees for the posts.

President Elect - Rs 5000/-

Vice President Elect - Rs 2500/-.

Candidates should be proposed and seconded by IAP Life Members.

The duly filled nominations should be accompanied by evidence of Bank transfer of the nomination fees.

Bank details:

IAP Kerala Chapter
A/C no: 67080109993
STATE BANK OF INDIA,
Kozhikode Main Branch
IFSC Code: SBIN0000861

Completed forms should reach the Chief Election Commissioner by 5pm, 5th August 2024.

Nominations can be sent by Email to dr_ashokkumar@yahoo.com or by Registered / Speed Post to

Dr. P. Ashok Kumar,
Chief Election Commissioner, IAP Kerala,
Ambady, Ferric Lane, Near Power House, Aluva,
Kerala - 683101

IAP KERALA STATE ELECTION 2024

ELECTION SCHEDULE

Election Notification : 20 / 07 / 2024

The last date of receiving the nominations: 5 PM on 05/08/2024

Scrutiny of Nominations: 06/08/2024

Publishing the list of Candidates: 07/08/2024

Last Date of Withdrawal till 6 pm 09/08/2024

Publishing the list of final Candidates : 10/08/2024

Sending of ballot papers: 15/08/2024


Complaint of non receipt of Ballot paper till 6 pm: 25/08/2024

Last date of receiving the ballot paper till 6pm: 10/09/2024

Counting of Votes & Declaration of the results : 11/09/2024.

Dr. P. Ashok Kumar
Chief Election Commissioner

Dr Jayakumar, P.R.
Election Commissioner


Dr. Shaji Thomas John
Election Commissioner

**INDIAN ACADEMY OF PEDIATRICS
KERALA STATE BRANCH
BRANCH ELECTION 2024**

NOMINATION FORM FOR THE POST OF
PRESIDENT ELECT / VICE PRESIDENT ELECT / STATE SECRETARY/ STATE TREASURER
/ JOINT SECRETARY

(PLEASE FILL-UP THE FORM IN BLOCK LETTERS)

Name of the Office for which the Candidate is to be nominated :

Name of the Candidate (in full) :

Address :

.....

District.....State.....

IAP Life Membership No. of the Candidate.....since.....

Mobile Email:

(self-attested copy of Passport / IAP ID Card / PAN number card / Driving license to be attached)

Name of the Proposer :

Proposer's Address

IAP Life Membership No. of the Proposer.....

MobileEmail:

Signature of Proposer &Date.....

(self-attested copy of Passport / IAP ID Card / PAN number card / Driving license to be attached)

Name of the Seconder

Seconder's Address

IAP Life Membership No. of the Seconder

MobileEmail:

Signature of Seconder & Date

(self-attested copy of Passport / IAP ID Card / PAN number card / Driving license to be attached)

Place:

Date:

Signature and Name of candidate

DECLARATION

I hereby declare that I consent for nomination for the post of of Indian Academy of Pediatrics, Kerala State Branch. All information provided by me is true and correct to best of my knowledge and belief. I shall abide by rule and regulations as per constitution of Indian Academy of Pediatrics. I understand that Election Commission has provided adequate information, in case of any discrepancy rules and regulations of the constitution of IAP shall apply. I also declare to practice the code of conduct prescribed by election commission of IAP.

Place:

Date:

Signature and Name of Candidate

Instructions

1. Please make sure about eligibility for the applied post and eligibility of proposer and seconder.
Eligibility :-

Candidates should have served for **2 complete years in the State EB**

President Elect candidate should be an IAP Life / Ordinary member for at least **10years**, as on 1st January 2024

Vice President Elect, State Secretary, Treasurer and Joint Secretary Candidates should be an IAP Life / Ordinary member for at least **7years**, as on 1st January 2024

Candidates should be proposed & Seconded by Life members of IAP only.

One candidate can submit maximum three nomination papers.

Fill complete form in capital letters. Incomplete form will be rejected.

2. Read carefully all the details given in notice before filling the form.

3. Make sure all particulars given are true and correct.

4. Check list of enclosures-

a. Completed nomination form.

b. Self-attested photo copy of valid ID - (Signature should be same as given on ID)

c. Candidate- Passport / IAP ID Card / PAN card / Driving license

d. Proposer- Passport / IAP ID Card / PAN number card / Driving license

e. Seconder- Passport / IAP ID Card / PAN number card / Driving license

f. Bank Account transfer details,

Nomination fee: for post of President Elect - Rs. 5,000/- and posts of Vice President Elect, State Secretary, State Treasurer & State Joint Secretary – Rs. 2,500/-, online payment to IAP Kerala Chapter, at State Bank of India, Kozhikode Main branch, A/C no: 67080109993 IFSC Code: SBIN0000861

5. Last date and time for application- The complete nomination form with the nomination fee and ID proof should reach the Chief Election Commissioner **before 5P.M, 5th August, 2024**

Dr. P. Ashok Kumar(CEC), Mob: 9895284830, 8075618493,

Dr Jayakumar, P.R.(EC), Mob: 8281165957,

Dr. Shaji Thomas John (EC), Mob: 9847932223