

# **IAP KERALA STATE ELECTION 2025**

## **NOTIFICATION**

Dated – 25/09/2025

Notice is hereby given for the Elections for the following posts of Indian Academy of Pediatrics, Kerala State Branch for the year 2026, as per the schedule published bellow:

1. State President Elect 2026 --- 1 Post (Term 1 year)
2. State Vice President Elect 2026 - 1 Post (Term 1 year)

### **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 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 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,**

**KOCHALUMOODU Branch**

**IFSC Code: SBIN0070449**

Completed forms should reach the Chief Election Commissioner by 5pm, 6<sup>th</sup> October 2025.

Nominations can be sent by Email to [dr\\_ashokkumar@yahoo.com](mailto:dr_ashokkumar@yahoo.com) or by Registered / Speed Post to

Dr. P. Ashok Kumar,

Chief Election Commissioner, IAP Kerala,

Karothukuzhi Hospial Pvt. Ltd.,

Aluva, Kerala - 683101

# IAP KERALA STATE ELECTION 2025

## ELECTION SCHEDULE

Publication of List of Eligible Voters : 25/09/2025

Election Notification : 25/09/2025

The last date of receiving the nominations: 5 PM on 06/10/2025

Scrutiny of Nominations: 08/10/2025

Publishing the list of Candidates: 08/10/2025

Last Date of Withdrawal till 6 pm: 10/10/2025

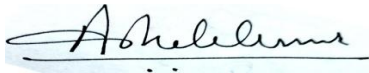
Publishing the list of final Candidates : 10/10/2025

Sending of ballot papers: 21/10/2025

Complaint of non receipt of Ballot paper till 6 pm: 27/10/2025

Last date of receiving the ballot paper till 6pm: 03/11/2025

Counting of Votes & Declaration of the results : 04/11/2025.



**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 2025**  
NOMINATION FORM FOR THE POST OF  
PRESIDENT ELECT 2025 / VICE PRESIDENT ELECT 2025

*(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**.....

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

**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** .....

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

**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 Dr. .... 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 member for at least **10years**,

**Vice President Elect Candidates** should be an IAP Life member for at least **7years**,

**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-**

- Completed nomination form.

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

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

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

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

- Account payee DD/ Cheque [**for post of President Elect - Rs. 5,000/- and posts of Vice President Elect, – Rs. 2,500/-** ] in favor of **IAP Kerala Chapter, A/C no: 67080109993**  
**STATE BANK OF INDIA, KOCHALUMOODU Branch, IFSC Code: SBIN0070449**

**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, 6<sup>th</sup> October 2025.**

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

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

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