

**INDIAN ACADEMY OF PEDIATRICS**  
**KARNATAKA STATE BRANCH: 2024**



**ELECTIONS APPLICATION FORM**

**Post applied for** : \_\_\_\_\_

**Full Name** : \_\_\_\_\_ **IAP No:** \_\_\_\_\_

**Address** : \_\_\_\_\_

**E mail Id** : \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**PROPOSER**

**Full Name** : \_\_\_\_\_ **IAP No:** \_\_\_\_\_

**Address** : \_\_\_\_\_

**E mail Id** : \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**SECONDER**

**Full Name** : \_\_\_\_\_ **IAP No:** \_\_\_\_\_

**Address** : \_\_\_\_\_

**E mail Id** : \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**