**ISCCP Elections - Nomination Form for Office Bearers**

|  |  |  |
| --- | --- | --- |
| 1 | Post applied for |  |
| 2 | Name of the Applicant |  |
| 3 | Qualifications |  |
| 4 | Affiliation |  |
| 5 | Mobile Number |  |
| 6 | E mail  |  |
| 7 | ISCCP Membership No |  |
| 8 | Year of Membership |  |
| 9 | Posts held in ISCCP in the past 2 to 4 years (please check the requirement according to the post) |  |
| 10 | Contributions to the ISCCP in the past |  |
| 11 | Your Vision |  |
| 12 | Your Mission |  |
| 13 | Applicant’s signature & date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Proposed by | Name | Membership Number | Signature & date |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Seconded by | Name | Membership Number | Signature & date |
| 1 |  |  |  |
| 2 |  |  |  |

*Please fill this form using a computer or laptop, print it, add your signature, obtain the signatures of the proposer and the 2 seconders.*

 *Scan and email to* *secretariat@isccp.in*

BEFORE 5 PM ON 30 NOVEMBER 2024