**ISCCP Elections - Nomination Form for EC Members**

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| --- | --- | --- |
| **1** | **Name** |  |
| **2** | **Qualifications** |  |
| **3** | **Affiliation** |  |
| **4** | **Mobile Number** |  |
| **5** | **Email** |  |
| **6** | **State and Zone** |  |
| **7** | **ISCCP Membership** |  |
| **8** | **Year of Membership** |  |
| **9** | **Contribution to the**  **ISCCP in the past** |  |
| **10** | **Vision** |  |
| **11** | **Mission** |  |
| **12** | **Applicant’s signature & date** |  |

*Please fill this form using a computer or laptop, print it, add your signature and date. Scan and email to:* [*secretariat@isccp.in*](mailto:secretariat@isccp.in)

BEFORE 5 PM ON 30 NOVEMBER 2024