



# SOCIETY OF PERIODONTISTS AND IMPLANTOLOGISTS OF KERALA

ELECTION 2022-23' NOMINATION FORM

**Post proposed**

**CANDIDATE**

Name :

Address:

Telephone No. \_\_\_\_\_ Mob. \_\_\_\_\_ E mail. \_\_\_\_\_

**PROPOSER**

I Dr. ....hereby **propose** Dr.....

For the post of .....for the year **2022-23'**

\_\_\_\_\_  
Signature of Proposer

**SECONDER**

I hereby **Second** Dr..... for the above said post.

\_\_\_\_\_  
Name & signature of Seconder

**Consent of the candidate**

I Dr..... hereby accept the candidature.

Place

Signature of the candidate with Date