



# INDIAN ACADEMY OF NEUROSCIENCES

## FORM FOR ANNUAL ELECTION

Nomination for the post of : .....

Name : .....

Address : .....

.....

.....

.....

.....

Membership No. : .....

### **Proposer**

Name : \_\_\_\_\_

Membership No. \_\_\_\_\_

Signature \_\_\_\_\_

### **Secunder**

Name : \_\_\_\_\_

Membership No. \_\_\_\_\_

Signature \_\_\_\_\_