

ICAR-ECCS-Election-2018

Nomination form

1. Name of the Candidate:

2. Designation:

3. Address:

4. Email & Contact No. (if available)

5. Name of the post applied for:

6. Proposer

(a) Proposed by Name:

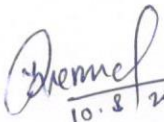
Signature:

(b) Screened by Name:

Signature:

**Signature of the Applicant:**

**\*Note: the proposer and the applicant must be member of the society.**

  
10.8/2018  
(Member Secretary, Ec)