



NOMINATION FORM FOR THE ISHA ELECTION

*Name of the Nominee: _____

Correspondence Address: _____

Contact Phone No : _____ Mobile Number: _____

E-mail : _____ Life membership No: _____

Post applied for : _____

I hereby nominate Dr./Mr./Ms: _____

For the post of: _____

*Proposed by Dr./Mr./Ms.: _____

Life membership Number: _____ Signature: _____

*Seconded by Dr./Mr./Ms: _____

Life membership Number: _____ Signature: _____

Signature of the Nominee

Date: _____

Note:

- Send separate nomination for each post
- Send soft copy to secretary@ishaindia.org.in and hard copy of your nomination to:

Secretary
Indian Speech Language and Hearing Association
C/o All India Institute of Speech and Hearing
Manasagangothri, Mysuru-570006
Email: secretary@ishaindia.org.in
M: 08212502233 / 9482846643