

**NOMINATION FORM**  
**Tamilnadu and Pondicherry Association of Urologists**  
**(TAPASU)**

Nomination will be accepted only if filled completely in this format. No item should be left blank

1. Nomination for the post of: .....

2. Name of the Applicant: .....

3. Address

Residence:

Office:

Street / Area: ..... Street / Area: .....

.....

.....

City ..... City .....

State..... Pin: ..... State..... Pin: .....

4. Email ID: ..... 5. Phone No: (Mb): .....

6. Year of enrolment as TAPASU Membership: .....

7. Experience as council member: From ..... To ..... or Never

8. Experience as any other TAPASU Office Bearer:

Post ..... From ..... To .....

Post ..... From ..... To .....

9. Proposed by

Signature : ..... Signature : .....

Full name : ..... Full name : .....

Mailing Address : ..... Mailing Address : .....

.....

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Email ID: ..... Email ID: .....

10. Declaration by the candidate:

I hereby declare that, if elected, I agree to accept the post of Vice President of the TAPASU. I would abide by the rules and regulations and the constitution of the TAPASU.

Signature of the candidate: .....

Name of the Candidate : .....

Place: ..... Date : .....