

Election to the Executive Committee of IMAPS India Chapter
(Period 2026-28)
NOMINATION FORM

Name (Nominator)	:	
Membership No.	:	
Company/Organization	:	
Address Email Mobile No	:	
I hereby nominate Mr./Ms./Dr. (Pl provide brief details / achievements of Nominee [MAX OF 100 WORDS]) [One nominator can nominate only one nominee. Second or thereafter nominations will be summarily REJECTED]	:	
Company/Organization	:	
Membership No:	:	

Date _____ Signature of the nominator-----

Place _____ Name _____

CONSENT OF THE MEMBER NOMINATED	
I agree for my nomination as proposed above.	
Date	Signature of the nominator-----
Place	Name _____
Address:	
Email:	
Mobile No:	

The nomination should reach the returning office duly filled in the format above not later than 15:00 Hours on April 8, 2026 at address given below:

Dr. Gopalsharma R Joshi.
No. 610, 2nd Cross East,
RBI Layout, J. P. Nagar, 7th Phase,
Bangalore-560078.
Cell: 9448190305; Email: grjoshi610@gmail.com.

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WITHDRAWAL FORM

I the undersigned agree to withdraw my nomination

Name	:	
Membership No.	:	
Company/Organization	:	
Address	:	
Signature of Candidate	:	
Date	:	

Date _____ Signature of the nominator-----

Place _____ Name _____

The nomination should reach the returning office duly filled in the format above not later than 15:00 Hours on April 15, 2026 at address given below:

Dr. Gopalsharma R Joshi.

No. 610, 2nd Cross East,
RBI Layout, J. P. Nagar,
7th Phase, Bangalore-560078.

Cell: 9448190305

Email: grjoshi610@gmail.com.