



**INDIAN SOCIETY FOR MEDICAL MYCOLOGISTS COUNCIL**  
**REGIONAL MEMBER - NOMINATION and CONSENT FORM FOR 2023 – 25**

**Part A- Nomination Form**

We, the members nominate,

Name [Upper Case]:

Affiliation:

ISMM Membership Number:

Contact Details:

Phone:

E-mail

POST	Tick as appropriate	
	Yes	NO
Member – East		
Member – West		
Member – North		
Member – South		
Member – Central		

Member - Primary Proposer		Member – Second the Nomination	
Name [Upper case]		Name [Upper case]	
Affiliation		Affiliation	
ISMM membership No		ISMM membership No	
Signature		Signature	
Date		Date	

## Part B - CONSENT FORM

I,

Name [Upper Case]:

consent my nomination for the post of [Tick as appropriate]

POST	Tick as appropriate	
	Yes	NO
Member – East		
Member – West		
Member – North		
Member – South		
Member – Central		

and confirm the my details as follows.

**Affiliation:**

**ISMM Membership Number:**

**Contact Details:**

**Phone:**

**E-mail**

**DATE**

**SIGNATURE**

**Instructions:**

- **Deadline:** Midnight of 31<sup>st</sup> Jan 2023
- Type the details in both the nomination and consent parts of the document and sign.
- Do not affix e- signatures. If one of the members of the nomination team or nominee are out of country, they must be present for the conference and sign the documents in person.
- Send the document in PDF format to the ISMM election chair, **Dr. Savitri Sharma.**

E- mail ID: [savitri@lvpei.org](mailto:savitri@lvpei.org)

Phone: **9989995521**