



SOCIETY OF PERIODONTISTS AND IMPLANTOLOGISTS OF KERALA

ELECTION 2019-20 NOMINATION FORM

Post proposed

CANDIDATE

Name :

Address:

Telephone No. _____ Mob. _____ E mail. _____

PROPOSER

I Dr.hereby **propose** Dr.....

For the post offor the year 2019-20.

Signature of Proposer

SECONDER

I hereby **Second** Dr..... for the above said post.

Name & signature of Seconder

Consent of the candidate

I Dr..... hereby accept the candidature.

Place

Signature of the candidate with Date