NOMINATION FORM

(*for the Election of the Management Committee Members*)

Name of the Society & Address	:	**Indian Council of Astrological Sciences (Regd.), Chennai** "Shreyas" No. 1, Ground Floor, Francis Joseph, St. George Town, Chennai-600 001, Tamil Nadu.
Society Registration Number	:	Regd. as no. 276 of 1984 (Tamil Nadu Societies Registration Act, 1975)

Post for which nomination is filed	:			
Name of the Candidate	:			
LM No. of the Candidate	:		Age :	
Address of the Candidate	:			
E-mail ID	:			
Mobile Number	:			

(Mandatory for all the posts)

Name of the Proposer (Chapter Chairperson)	:	
LM No. of the Proposer	:	
Chapter / Centre Name	:	
Signature of the Proposer with date	:	

(Mandatory for all the posts)

Name of the Seconder (Chapter Chairperson)	:	
LM No. of the Seconder	:	
Chapter / Centre Name	:	
Signature of the Seconder with date	:	

(Only for the SNVP & the President posts)

Name of the 3rd Proposer (Chapter Chairperson)	:	
LM No. of the Proposer	:	
Chapter / Centre Name	:	
Signature of the Proposer with date	:	

(Only for the President post)

Name of the 4th Proposer (Chapter Chairperson)	:	
LM No. of the Proposer	:	
Chapter / Centre Name	:	
Signature of the Proposer with date	:	

(Only for the President post)

Name of the 5th Proposer (Chapter Chairperson)	:	
LM No. of the Proposer	:	
Chapter / Centre Name	:	
Signature of the Proposer with date	:	

CANDIDATES DECLARATION

1. I declare that I am willing to stand for the election and that, to the best of my knowledge and belief I have not incurred any disqualification for membership of the Society in terms of the Act, the rules and the bye-laws of the Indian Council of Astrological Sciences (Regd.) Society, Chennai.

2. I declare I have no conflict of interest with the objects of ICAS in any manner.

3. All information provided by me are true to the best of my knowledge and belief.

(Signature of the Candidate)

ENDORSEMENT BY THE RETURNING OFFICER

This nomination paper was presented to me :

☐ In person, by the candidate on _____ at _____ hrs.

☐ Received by registered post / courier on _____ at _____ hrs.

☐ Received by Email on _____ at _____ hrs.

Place: _____ (Signature of the Returning Officer)

Date: _____ OR the person authorized by him