



INDIAN ASSOCIATION OF ENDOCRINE SURGEONS

(A Section of the Association of Surgeons of India)

Secretariat: Department of Endocrine Surgery, Shatabdi Hospital Phase-2, 7th floor
King George's Medical University, Lucknow . 226003 U.P. India.

Mobile No: - 9415007391 Email: - mishra101@gmail.com Website: - www.iaes.org.in



CALL FOR ELECTION – 2020

for President Elect 2020-2021 (President 2021-2022) **and Other Office Bearers 2020-2022**

Dear Esteemed members

Greetings to you

There will be election for the post-

- | | | |
|--|---|-------------|
| 1. President Elect 2020-2021 (President 2021-2022) | - | One Post |
| 2. Vice President | - | Three Posts |
| 3. Honorary Secretary | - | One Post |
| 4. Honorary Treasurer | - | One Post |
| 5. Joint Secretary | - | Two Posts |
| 6. Executive Committee Member | - | Five Posts |
| 7. Editor in Chief of Journal of IAES | - | One Posts |
| 8. Editorial Board Member of Journal of IAES | - | Two Post |

IAES members in good standing can be proposed and seconded for the above posts by two other IAES members in good standing. The member being proposed must give his/her acceptance to serve for the proposed post if elected. The enclosed nomination form or its photo copy alone should be used.

Nomination Fee

- | | | |
|--|---|---------|
| 1. President Elect 2020-2021 | - | Rs 5000 |
| 2. Vice President | - | Rs 4000 |
| 3. Honorary Secretary | - | Rs 4000 |
| 4. Honorary Treasurer | - | Rs 4000 |
| 5. Joint Secretary | - | Rs 3000 |
| 6. Executive Committee Member | - | Rs 2500 |
| 7. Editor in Chief of Journal of IAES | - | Rs 3000 |
| 8. Editorial Board Member of Journal of IAES | - | Rs 1000 |

The Nomination fees should be sent as **Demand Draft Only** (Cheques will not be accepted) along with the duly filled Nomination form. The Demand Draft should be drawn in favour of **“Indian Association of Endocrine Surgeons” payable at Lucknow**. The Nomination form without the Demand Draft for the correct denomination for the appropriate post being applied will be rejected. All the nomination forms will be scrutinized and approved by the Election Officer. Incomplete nomination forms will be rejected.

Eligibility to Contest

President Elect, Vice President, Honorary Secretary, Honorary Treasurer, Editor in Chief of Journal of IAES - Candidate should be a member of good standing of ASI and IAES for a minimum period of five years.

Joint Secretary, Executive Committee Member and Editorial Board Member of Journal of IAES – Candidate should be a member of good standing of ASI and IAES for a minimum period of three years.

The term of Office for President Elect is **one term** only. All other office bearers are eligible to occupy a post for **two terms**.

Kindly send the completed nomination form along with Demand Draft to:

Dr. M. J Paul
Department of Endocrine Surgery
Christian Medical College, IDA Scudder Road,
Vellore, Tamil Nadu- 632004
Mobile No- 0986660601
E-mail- mjpaul@cmcvellore.ac.in

Last date for receiving the filled up nomination form is on or before 15 June 2020

Last date for withdrawal of the nomination is on or before 22 June 2020

Elections if necessary will be conducted by secret ballot at the General Body Meeting of IAES on 11th September 2020 at IAESCON 2020, New Delhi.

The eligible candidate should be present in the floor of the house, otherwise his nomination will be rejected.

Only members enrolled on or before 31-05-2020 will be eligible to vote in the floor of the house.

Yours Sincerely



(Dr. M.J Paul)

Vellore

15th Feb, 2020

President Elect and Election Officer 2020



INDIAN ASSOCIATION OF ENDOCRINE SURGEONS

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ELECTION FOR THE YEAR 2020



NOMINATION FORM

(Filled up nomination form to be sent Dr M J Paul, Department of Endocrine Surgery, Christian Medical College, IDA Scudder Road, Vellore, Tamil Nadu-632004 Mobile No- 0986660601, Email- mjpaul@cmcvellore.ac.in)

I, Dr.....Member

(IAES Membership No.....) of the Indian Association of Endocrine

Surgeons (ASI Membership No.....) propose

Dr..... (IAES Membership No.....& ASI Membership

No.....) for the post ofof the Indian Association of

Endocrine Surgeons.

.....
Seconded by (Signature)

.....
Name in Capital letters

IAES Membership No.

.....
ASI Membership No.

.....
Full Residential Address:

.....
.....
.....

PIN Code.....

Station:

Date :

I agree to serve asof Indian Association of Endocrine Surgeons

For the year 2020-2022 if elected.

Signature & Name in Capital letters

Station:

ASI No.....

IAES No.....

Full Address:

Tel. No.....Mobile No.....E-mail.....

.....
Signature of Proposer

.....
Name in Capital letters

IAES Membership No.

.....
ASI Membership No.

.....
Full Residential Address:

.....
.....
.....

PIN Code.....

Station:

Date :

Date:

Valid Membership from.....

Valid Membership from.....