



NOMINATION FORM

(IMA-ASB for the Session 2025-2027)



for the Post of
One State President elect for the Year 2025-2027

1. Name (in **BLOCK LETTERS**) : _____

Address : _____

Life Member No : _____

Name of Local Branch, IMA : _____

Name of State Branch IMA : _____

Post held as per eligibility criteria _____
as per Bye-Law 33(e) (See Annexure)

Proposed by :

Seconded by :

Dr _____

Dr _____

Life Membership No. _____

Life Membership No. _____

Local Branch _____

Local Branch _____

State Branch _____

State Branch _____

Signature _____ Seal _____

Signature _____ Seal _____

Filled Nomination Paper should be sent in a sealed envelope on or before **5 PM of 21-10-2024** in the following address.

ADDRESS :

Dr. Hemendra Kumar Borah
Election Officer, IMA-ASB for the Session 2025-2027)
Barahalia, Pardip Bhawan Bye-Lane
Ward No. – 7, Tezpur, Sonitpur – 784001
Phone : 9678126953/ 94350 81697(M)



NOMINATION FORM

(IMA-ASB for the Session 2025-2027)



for the Post of
Two State Vice- President elect for the Year 2025-2027

1. Name (in **BLOCK LETTERS**) : _____

Address : _____

Life Member No : _____

Name of Local Branch, IMA : _____

Name of State Branch IMA : _____

Post held as per eligibility criteria _____
as per Bye-Law 43(e) (See Annexure)

1. Name (in **BLOCK LETTERS**) : _____

Address : _____

Life Member No : _____

Name of Local Branch, IMA : _____

Name of State Branch IMA : _____

Post held as per eligibility criteria _____
as per Bye-Law 33(e) (See Annexure)

Proposed by :

Seconded by :

Dr _____

Dr _____

Life Membership No. _____

Life Membership No. _____

Local Branch _____

Local Branch _____

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Phone : 9678126953/ 94350 81697(M)



NOMINATION FORM

(IMA-ASB for the Session 2025-2027)



for the Post of
One Hony. State Finance Secretary elect for the Year 2025-2027

1. Name (in **BLOCK LETTERS**) : _____

Address : _____

Life Member No : _____

Name of Local Branch, IMA : _____

Name of State Branch IMA : _____

Post held as per eligibility criteria _____
as per Bye-Law 33(e) (See Annexure)

Proposed by :

Seconded by :

Dr _____

Dr _____

Life Membership No. _____

Life Membership No. _____

Local Branch _____

Local Branch _____

State Branch _____

State Branch _____

Signature _____ Seal _____

Signature _____ Seal _____

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Ward No. – 7, Tezpur, Sonitpur – 784001
Phone : 9678126953/ 94350 81697(M)



NOMINATION FORM

(IMA-ASB for the Session 2025-2027)



for the Post of
One Hony. State Secretary elect for the Year 2025-2027

1. Name (in **BLOCK LETTERS**) : _____

Address : _____

Life Member No : _____

Name of Local Branch, IMA : _____

Name of State Branch IMA : _____

Post held as per eligibility criteria _____
as per Bye-Law 33(e) (See Annexure)

Proposed by :

Seconded by :

Dr _____

Dr _____

Life Membership No. _____

Life Membership No. _____

Local Branch _____

Local Branch _____

State Branch _____

State Branch _____

Signature _____ Seal _____

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