



Delhi Branch of Indian Speech & Hearing Association (DISHA)
Society Registered under Act XXI of 1860
Office address: 15/76, FF, Old Rajinder Nagar, New Delhi 110060

Nomination Form for DISHA Election

Name of the Nominee: _____

Year of filling nomination: _____

Correspondence Address: _____

Contact Phone number: _____ Mobile number: _____

ISHA Life membership number: _____ RCI number: _____

DISHA Life membership number: _____

Email: _____ Date: _____

I hereby nominate Dr. / Mrs. / Miss. / Mr. _____

For the post of: _____

Proposed by Dr. / Mrs. / Miss. / Mr. _____

ISHA Life membership number: _____

DISHA Life membership number: _____ RCI number: _____

Date: _____ Signature: _____

Seconded by Dr. / Mrs. / Miss. / Mr. _____

ISHA Life membership number: _____ RCI number: _____

DISHA Life membership number: _____

Date: _____ Signature: _____

Signature of Nominee

Note:

- All fills are mandatory
- Send separate nomination for each post
- Please fill and send scanned copy to office.disha2019@gmail.com