

**Office of the Returning officer for Elections of IMA-KSSS for the year 2022-2025**

**2<sup>nd</sup> Floor, IMA House, Bailappanavar Nagar, Hubballi**

**Returning Officer**

**Dr. Aravind Patel**

**Mob- 9448918764**

**E-mail - draravindpatel@gmail.com**

Ref: Elections: IMA-KSSS/2666/2022- 2025

Date :26<sup>th</sup> September 2022

**ELECTION NOTIFICATION**

To:

The Members of IMA Karnataka Social Security Scheme,  
Hubballi.

Dear Doctor,

**Sub: Nominations to various posts of IMA-KSSS.**

The office of the returning officer for elections of IMA's-KSSS (2022-25) invites the nominations for the following posts duly proposed and seconded by the active members of IMA's-KSSS with consent of the candidate as per the time schedule attached.

List of Managing committee posts:

- |                         |    |
|-------------------------|----|
| 1. CHAIRMAN             | 1  |
| 2. FIRST VICE CHAIRMAN  | 1  |
| 3. SECOND VICE CHAIRMAN | 1  |
| 4. SECRETARY            | 1  |
| 5. JOINT SECRETARY      | 2  |
| 6. TREASURER            | 1  |
| 7. MEMBERS              | 14 |

The nominations may please be forwarded to the Returning officer by registered post /Courier and should reach the office of the Returning officer on or before 15<sup>th</sup> October 2022 and the envelop shall be addressed to, "**The Returning officer , IMA-Karnataka State Social Security Scheme ,2<sup>nd</sup> Floor, IMA House, Bailappanavar Nagar, Hubballi-29**" super scribed as "**Nomination for the elections of the IMA-KSSS for the year 2022-25 (Three year term).**"

**Thanking You**

**Yours sincerely**



**Dr. Aravind Patel  
Returning Officer**

**Office of the Returning officer for Elections of IMA-KSSS for the year 2022-2025**  
**2<sup>nd</sup> Floor, IMA House, Bailappanavar Nagar, Hubballi**

**IMPORTANT DATES**

- |  |                                      |
|--|--------------------------------------|
| 1. Last date for receiving Nominations with Acceptance           | 15/10/ 2022 -5 P.M.                  |
| 2. Scrutiny of nominations and publication of valid list         | 17/10/2022 -5 P.M.                   |
| 3. Last date for withdrawal                                      | 28/10/2022 i.e till before Elections |
| 4. Date of Election (During Annual General Body Meeting of KSSS) | 28/10/ 2022                          |

- NOTE: [1] The Contestants for the post of of Chairman, First & Second Vice Chairman, Secretary, Treasurer and two Joint Secretaries of managing committee shall send Rs.1000/- by D.D. along with letter of acceptance / willingness before 5 P.M. of 15<sup>th</sup> October 2022.
- [2] The Contestants for the post of Member of managing committee shall send Rs.500/- by D.D. along with letter of acceptance / willingness before 5 P.M. of 15<sup>th</sup> October 2022.
- [3] D.D. shall be drawn in favor of 'IMA-KSSS' payable at Hubballi.
- [4] Nomination forms will be strictly scrutinized and incomplete nomination will be rejected.
- [5] No hand delivery of nomination forms.
- [6] Withdrawal forms can be delivered by hand / Courier / registered post/E-mail.
- [7] Prescribed Nomination forms can be obtained from Annual Report of IMA's-KSSS -2021-22 or from IMA'S-KSSS website at [www.imakssshubli.org](http://www.imakssshubli.org) or from IMA'S-KSSS Office 0836-2355656.

Yours sincerely



**Dr. Aravind Patel**  
**Returning Officer**

**Office of the Returning Officer for Elections of IMA-KSSS Hubballi**  
**For the year 2022-25**  
**NOMINATION FORM**

To:  
The Returning Officer  
Elections of IMA-KSSS, 2nd Floor, IMA'S-KSSS, IMA House,  
Bailappanavar Nagar, Hubballi-29.

Date.....

Sir,

**Sub: (1) Nominations to the post of**  
**CHAIRMAN, FIRST VICE CHAIRMAN, SECOND VICE CHAIRMAN, SECRETARY,**  
**JOINT SECRETARY (2 posts), TREASURER and MEMBERS (14 posts)**

**Contestant:**

I Dr..... Member of IMA .....Branch with IMA-KSSS  
No.....is willing to contest for the post of .....  
Signature of the Candidate:.....Name (in Block Letter) Dr.....  
Address:.....  
.....  
.....Ph.No.(STD Code).....  
[R].....[H].....Mob:.....Email:.....

**Proposed by:**

I Dr. .... Member of IMA .....Branch with IMA-KSSS Number  
..... propose the Name of Dr..... for the post of  
.....for the year 2022-25.  
Signature of the proposer.....Name (in Block Letters) Dr.....  
Address:.....  
.....Mobile.....

**Seconded by:**

I Dr. .... Member of IMA .....Branch with IMA-KSSS number  
..... second the Name of Dr. .... for the post of  
.....for the year 2022-25.  
Signature of the proposer.....Name (in Block Letters) Dr.....  
Address:.....  
.....Mobile.....

**WILLINGNESS CERTIFICATE BY THE CANDIDATE**

I am willing to contest and accept the nomination proposed by member and enclose the D.D. for  
Rs...../- bearing No.....Dated.....of .....Bank.  
Name of the Candidate Dr.....  
Address:.....  
.....

**Date:.....**

**Place:.....**

**Signature of the Candidate**