ORTHOPAEDIC SURGEONS SOCIETY OF ANDHRA PRADESH (OSSAP)

(A.P. CHAPTER OF INDIAN ORTHOPAEDIC ASSOCIATION) REGD. NO. 132/2024

Presidents Theme : Together we learn, Together we lead

OSSAP ELECTIONS-2026 NOMINATION FORM

I, Dr.....bearing the OSSAP Life Membership No.....
wish to contest for the post of :

- ☐ **PRESIDENT ELECT**
- ☐ **SECRETARY**
- ☐ **JOINT SECRETARY**
- ☐ **TREASURER**

Choose only one option

(Members should choose for only one post if not the nomination will be disqualified and rejected)

Kindly accept my nomination. I will abide by the rules as given in the by-laws and framed by the election officer.

Date :..... Signature :.....

PROPOSED BY :

Name & Addres of the proposer :_____

:_____

OSSAP LM No :_____

Date & Signature :_____

SECONDED BY :

Name & Address of the Proposer :_____

:_____

OSSAP LM No. :_____

Date & Signature :_____

(The Proposer and seconder should not propose second any other contestant, otherwise the nomiation will be disqualified and rejected.)

Soft copy of Nomination form should reach Election officer (achyuthortho@gmail.com) by Email from the candidates registered email id before midnight 20 November 2026 (24:00 hrs). Withdrawl of nominations should also be communicated to Election officer via Email only within the due date (26 November 2026 mid night 24:00 hrs)

Dr. B. ACHYUTH PRASAD BANDI
President Elect & Election Officer 2026
Cell : 8500595975
Email : achyuthortho@gmail.com

FOR OFFICE USE ONLY

- ☐ Contestant, Proposer and Seconder are Life Members of OSSAP
- ☐ Nomination was filed within the stipulated time
- ☐ Accepted
- ☐ Rejected. Reasons for rejection :.....

Dr. B. ACHYUTH PRASAD BANDI
Election Officer 2026
Email : achyuthortho@gmail.com