

**PPLSSS / FSS OF IMA TNSBELECTION (2019 - 2021)**

**MODEL NOMINATION FORM**

**STRICK OUT WHICH EVER IS NOT APPLICABLE**

Name of the Post .....

Name of the Candidate Dr.....

Address of the Candidate.....

Cell No.....Email.....

L.M.No.....Branch..... PPLSSS / FSS Receipt No.....

Proposed by Dr.....

L.M. No.....Branch.....

PPLSSS / FSS Receipt No.....Signature.....

Seconded by Dr.....

L.M.No.....Branch.....

PPLSSS / FSS Receipt No.....Signature.....

**Acceptance by the candidate**

Herewith I am giving consent for the Nomination for the Post of.....for the year 2019 - 2021 and affirm that I have fulfilled the eligibility criteria's for the post.

Place: .....

Signature

Date: .....