

**Nomination Form for ISPAE elections 2025-2026**

**PROPOSER**

I, Dr \_\_\_\_\_, life member of ISPAE, would like to propose the name of \_\_\_\_\_, for the post of \_\_\_\_\_, of Indian Society of Pediatric and Adolescent Endocrinology (ISPAE).

**Signature of Proposer**

Address:

Date:

Email:

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**SECONDER**

I, Dr \_\_\_\_\_, life member of ISPAE, would like to second the name of Dr \_\_\_\_\_, for the post of \_\_\_\_\_, Indian Society of Pediatric and Adolescent Endocrinology (ISPAE).  
of ISPAE.

**Signature of Seconder**

Address:

Date:

Email:

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**CANDIDATE**

I, Dr \_\_\_\_\_  
life member [membership no \_\_\_\_], ISPAE, agree to the proposal above of my name for the post of \_\_\_\_\_ of Indian Society of Pediatric and Adolescent Endocrinology (ISPAE).

**Signature of Candidate**

Address:

Date:

Phone:

Email: