

<b>NOMINATION FORM</b> <b>All India Ophthalmological Society (AIOS)</b> <b>Leadership Development Programme (LDP)</b>		<b>Candidate Photo</b>
<b>Candidate Details:</b>		<b>AIOS Membership No.</b> _____
Name : _____		
Qualification : _____		
Address : _____ _____		
Phone : (Off) _____ (Cell) _____		
Fax: : _____ E-mail: _____		
Date of Birth : _____		
I accept the nomination and agree to abide by the terms and conditions of the Leadership Development Programme.		
No. of Conferences attended : AIOS _____ International _____		
No. of Presentations : AIOS _____ International _____		
No. of Publications : IJO _____ STATE _____ International _____		
No. of meeting organized : LOCAL _____ STATE _____ International _____		
Candidate Signature		
<b><u>PROPOSER</u></b> (President)		<b><u>SECONDER</u></b> (Secretary)
Name:		Name:
AIOS Membership No.:		AIOS Membership No.:
Address:		Address:
Signature		Signature

On the next page, please give a one-page summary of your nominee's curriculum vitae. Please be specific and thorough because the final candidate for the AIOS Leadership Development Programme will be selected based on this description. When completed, please email this form to me ([drsntarajan@vsnl.net](mailto:drsntarajan@vsnl.net)) or by fax to 91-22-24177630.

