

NOTIFICATION OF ELECTIONS, ISA DELHI BRANCH, 2021

Dear ISA Members,

As per the directive from the ISA National HQ, We will be conducting the elections in the Delhi Branch of ISA for various posts as below.

1. President ISA DELHI
2. Vice-President ISA DELHI
3. Editor ISA DELHI

The Chief Election officer for this election will be Dr . Anil Jain, Immediate Past President ISA Delhi and Dr . Rajiv Gupta, Member National Governing council of ISA, will be the Observer.

ELIGIBILITY CRITERIA FOR CANDIDATES:

At the time of filing nominations

- A. The Candidate should be duly qualified Anaesthesiologist.
- B. The candidate should be a Life-member of the ISA and her/his membership should be currently active.
- C. The candidate must have attended at least 2 ISA National / ISA Delhi state annual conferences in last 5 years

OR

Should have attended at least three, monthly clinical meetings in last one year, other than own institution.

- D. The proposer and the seconder should be Active life members of the Indian Society Of Anaesthesiologists, and their names should appear in the Valid Voter list of the ISA.
- E. The tenure of The President, Vice-President and Editor is One year

The Timelines for the whole election process are as follows:

1. Issuing of Notification **21 June 2021**
2. Last Date to Receive Nominations **30 June 2021**
3. List of Valid Nominations received will be published on **2 July 2021**
4. Last Date of Withdrawal of Nomination **7 July 2021**
5. Final list of Eligible candidates will be published on **8 July 2021**

6. Online voting, if required, will be open for five days, from **16 July (08:00 AM) to 20 July 2021 (05:00 PM)**.
7. The final details of votes polled will be published and the result will be declared **immediately after voting is closed on 20 July 2021**.
8. Only Active ISA Members are eligible to Vote

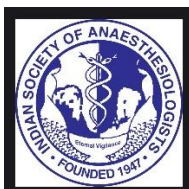
Instructions for Candidates filing nominations:

1. Please attach your Curriculum Vitae (Not more than 250 words)
2. Nomination fees for president and Vice-President is Rs. 1500/- (Fifteen Hundred Only) for all other posts it is Rs. 1000/-(One Thousand Only)
3. Please pay the nomination fee via online transfer to the
Account holder name : Indian Society of Anaesthesiologists Delhi Branch
Account No.: 50100297484765
Bank Name: HDFC Bank, B-34, Moti Nagar, New Delhi-110015
IFSC Code: HDFC0004396
4. Please attach a copy of payment screenshot and certificates of Attendance for the conferences/clinical meetings (as applicable) with the nomination form.
5. Nominations duly filled in the attached form can be sent by E-Mail /Registered Post with ACK due / Speed Post / Courier / By hand to the Hony . Secretary Dr . Umesh Deshmukh, At the addresses mentioned below.

E-mail : isadelhiexecutive@gmail.com

Postal Address : ISA Delhi Secretariat, Operation theatre complex, 5th floor, Fortis Hospital, AA Block, Shalimar Bagh. New Delhi-110088

Phone/s : +91 9810101445 +91 9958895659



INDIAN SOCIETY OF ANESTHESIOLOGISTS, DELHI BRANCH

NOMINATION FORM – ELECTIONS 2021

PRESIDENT/VICE-PRESIDENT/SECRETARY/TREASURER/EDITOR/GOVERNING COUNCIL MEMBER

I propose the name of Dr.ISA No.

For the post ofand partner

Dr.ISA No.

For the post of.....of Indian Society of Anesthesiologists

Delhi Branch.*(In case of nomination for the post of Honorary Secretary please mention Treasurer partner and in case of nomination for the post of Honorary Treasurer please mention the Secretary partner.)*

Name of the Proposer Dr.ISA No.

Address.....

Mobile No. : E-mail ID :

Signature of the Proposer:

I hereby second the Above nomination

Name of the Seconder Dr.ISA No.

Address.....

Mobile No. : E-mail ID :

Signature of the Seconder:

I hereby consent to the above proposal and promise that I shall abide by the rules and regulations of the Indian Society of Anaesthesiologists. I am an Active member of the ISA since(Year of acquiring membership) foryears. (Total duration of membership till date).

I have attended the following National/Delhi state annual conferences in last five years (Attach copies of Certificate of Attendance)

S. no.	Name and city of the conference	Year of Attending

OR

I have attended the following monthly clinical meetings in last one year

S. no.	Name of the institution that conducted Clinical meeting	Month and year of Attending

I certify that the details provided in the nomination form are true to the best of my knowledge

Name of the Candidate:.....ISA No.

Post Applied for:

Mobile No.: E-mail ID:

Postal Address:

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