



**Office of the Chairman, Election Commission of
Indian Medical Association, Karnataka State Branch**

3rd Floor, IMA House, Near IMA Circle, A.V.Road, Bengaluru-18. Email : election.imaksb@gmail.com

Chairman

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Ref: EC/IMAKSB/01/2026

Date : 1.7.2026

ELECTION NOTIFICATION

To:

The Honorary Secretaries

Local Branches of IMA in Karnataka

Dear Doctors,

- Sub: (1) Nominations to the One Post of President-Elect and Four Vice-Presidents of IMA Karnataka State Branch for the year 2026-27 (one Post reserved for Women).
- (2) Nominations to the One Post of President-Elect and Four Vice-Presidents of IMA Karnataka State Branch for the year 2027-28 (one Post reserved for Women)

In accordance with Bye-Law No. **18A III b** of Memorandum, Rules & Bye-Law of the Indian Medical Association, Karnataka State Branch, the Chairman Election Commission invites Branches to nominate one Member of the Association for the Office of President-Elect and four Members of the Association for the office of four Vice-Presidents to the IMA State Branch for the year 2026-27 (One Post reserved for women) **and** one Member of the Association for the Office of President-Elect and four Members of the Association for the office of four Vice-Presidents to the IMA State Branch for the year 2027-28 (One Post reserved for women)

Nomination with full name and address must reach the office of the Election Commission on or before **25th July 2026 by 5.00.P.M.** Nomination received after the last date will not be considered. Eligibility for the Election of President-Elect and four Vice-Presidents as per **Rule 18 B I and II** is reproduced below for ready reference.

"The nomination may please be forwarded to the Chairman, Election Commission by **Speed post/ Registered Post/ Courier** and should reach the Election Commission on or before 25th July 2026, 5.00 P.M. and the envelope shall be addressed to The Chairman, Election Commission of Indian Medical Association, Karnataka State Branch, 3rd Floor, IMA House, Near IMA Circle, Alur Venkata Rao Road, Bangalore 560 018, superscribed as "**Nominations for the elections of the IMA-KSB for the year 2026-27/2027-28**".

Thanking you, Yours sincerely,

Sd/-

Dr. V.VIKAS

Chairman, Election Commission

- Note:** (1) Elections are conducted once in two years. Above posts are for 1 year term. Please carefully read and fill the nominations. Please strictly adhere to the bye-laws of the IMA-KSB.
- (2) Nomination form may be photocopied from the IMA Focus June 2026 issue page No. 9 - 10

Eligibility Criteria for President-Elect and Vice-Presidents [Bye-Law No. 18 B I and II]

PRESIDENT-ELECT:

- (a) Should be a Life Member of IMA-KSB in the preceding 10 years and should be a Member of the IMA-KPPS and IMA-KSSS (if eligible).
- (b) Should have been a President or Vice-President of any Local Branch or Should have been an Office bearer of the State Branch.

VICE-PRESIDENTS:

- (a) Should be a Life Member of IMA-KSB in the preceding 10 years and should be a Member of the IMA-KPPS and IMA-KSSS (if eligible).
- (b) Should have been a Office Bearer of any Local Branch or Should have been an Office bearer of the State Branch.

IMPORTANT DATES

- | | |
|--|----------------------------|
| 1. Last date for receiving Nominations with Acceptance, | 25th July 2026-5.P.M. |
| 2. Last date for withdrawal | 31st July 2026-5.P.M |
| 3. Date of posting of Ballots to the voters | 18th Aug. 2026-5.P.M |
| 4. Date for claiming duplicate Ballot | After 1st Sept. 2026-5.P.M |
| 5. Last date to receive the voted Ballots by election commission | 15th Sept. 2026-5.P.M. |

NOTE:

- [1] Contestants who fail to send Rs.5000/- by D.D. only for the post of President-Elect, Rs. 2000/- by D.D. only for the post of Vice-President and letter of willingness certificate before 5.00 P.M of 25th July 2026 will automatically be considered as having withdrawn from the contest.
- [2] D.D. shall be drawn in favor of "IMA-KSB Election Fund" payable at Bangalore.
- [3] The Honorary Secretary of the Local Branch shall certify the Eligibility of the candidate for the post of President-Elect and Vice-Presidents and that certificate shall be in a Branch Letter Head and shall enclose the same with the nomination Form.
- [4] If no nominations received for any of the posts, the State Council will take future action in this regard.
- [5] Nomination application forms will be strictly scrutinized. Incomplete nomination will be rejected.
- [6] No hand delivery.
- [7] Applicants/contestants should strictly mention the year for which they are contesting. Wrong entries lead to rejection of applications/nominations form.



**THE CHAIRMAN, ELECTION COMMISSION
INDIAN MEDICAL ASSOCIATION, KARNATAKA STATE BRANCH**

**ELECTIONS 2026-27
NOMINATION FORM**

To:

Date: _____

The Chairman, Election Commission
Indian Medical Association,
Karnataka State Branch, 3rd Floor, IMA House,
Near IMA Circle, Alur Venkata Rao Road,
Bangalore - 560 018.

Sir,

Sub: Nominations for the Post of (a) ONE President-Elect and (b) FOUR Vice-Presidents of the Indian Medical Association, Karnataka State Branch for the year 2026-27.

The General Body /Executive Committee of the IMA _____ Branch held on _____ has resolved to propose the name of Dr. _____ for the Post of President-Elect / Vice-President for the year **2026-27**.

Name:

Signature of the

Seal:

Hon. Secretary of the Local Branch

WILLINGNESS CERTIFICATE BY THE CANDIDATE

I, Dr. _____ Member of IMA _____ Branch with IMA Life membership No. _____ is willing to contest and accept the nomination proposed by IMA Local Branch and hereby enclose the D.D. for Rs. _____/- for President-Elect / Rs. _____/- for Vice-President for the year **2026-27** bearing No. _____ of _____ Bank. I am enclosing my Bio-Data [300 words] and a Pass port size colour photograph for needful.

Name and address of the Candidate

Dr. _____

Ph:(STD Code _____) Resi: _____ Hosp. _____

Mob: _____ E-mail: _____

Date: _____

Place: _____

Signature of the Candidate



**THE CHAIRMAN, ELECTION COMMISSION
INDIAN MEDICAL ASSOCIATION, KARNATAKA STATE BRANCH**

**ELECTIONS 2027-28
NOMINATION FORM**

To:

Date: _____

The Chairman, Election Commission
Indian Medical Association,
Karnataka State Branch, 3rd Floor, IMA House,
Near IMA Circle, Alur Venkata Rao Road,
Bangalore - 560 018.

Sir,

Sub: Nominations for the Post of (a) ONE President-Elect and (b) FOUR Vice-Presidents of the Indian Medical Association, Karnataka State Branch for the year 2027-28.

The General Body /Executive Committee of the IMA _____ Branch held on _____ has resolved to propose the name of Dr. _____ for the Post of President-Elect / Vice-President for the year **2027-28**.

Name:

Signature of the

Seal:

Hon. Secretary of the Local Branch

WILLINGNESS CERTIFICATE BY THE CANDIDATE

I, Dr. _____ Member of IMA _____ Branch with IMA Life membership No. _____ is willing to contest and accept the nomination proposed by IMA Local Branch and hereby enclose the D.D. for Rs. _____/- for President-Elect / Rs. _____/- for Vice-President for the year **2027-28** bearing No. _____ of _____ Bank. I am enclosing my Bio-Data [300 words] and a Pass port size colour photograph for needful.

Name and address of the Candidate

Dr. _____

Ph:(STD Code _____) Resi: _____ Hosp. _____

Mob: _____ E-mail: _____

Date: _____

Place: _____

Signature of the Candidate



**Office of the Chairman, Election Commission of
Indian Medical Association, Karnataka State Branch**

3rd Floor, IMA House, Near IMA Circle, A.V.Road, Bengaluru-18. Email : election.imaksb@gmail.com

Chairman

Dr. Vikas V

Mob-8277125998

vikas.dr.v@gmail.com

Members

Dr. K G Somashekar

Mob-9844024597

cepodemxp@gmail.com

Dr Sunitha Kuradagi

Mob-9538979966

aashrayahospitalgadag@gmail.com

REF: EC/IMAKSB/01/2026

Date:01-07-2026

ELECTION NOTIFICATION

To:

The Members of IMA Karnataka State Branch

- Sub: (1) Nominations to the Post of Hon. State Secretary, Hon. Joint Secretary, Hon. Treasurer, Internal Auditor, Chairman-Subject Committee, Chairman-Finance Committee, Chairman - Rules and Bye-Laws Committee, Chairman-IMA-AMS, Honorary Secretary-IMA-AMS, Director-IMA-CGP and Honorary Secretary-IMA-CGP and Governing Council Members for CGP-One Regular and One Alternate, of IMA-CGP, Karnataka State Branch for the year 2026-28.
- (2) Nominations to the Post of Public Relations Officer, Editor-KMJ, Hon. Secretary- KMJ, Editor-IMA Focus, Hon. Secretary-IMA Focus, Regular Central Working Committee Members-31 posts and Alternate Central Working Committee Members-31 Posts, Six State Working Committee members for the year 2026-27.
- (3) Nominations to the Post of Public Relations Officer, Editor-KMJ, Hon. Secretary -KMJ, Editor-IMA Focus, Hon. Secretary-IMA Focus, Regular Central Working Committee Members-31 posts and Alternate Central Working Committee Members-31 Posts, Six State Working Committee members for the year 2027-28.
- (4) Nominations to the IMA-KSB Building Sub-Committee for the post of Chairman one post, Vice-Chairman one post, Secretary one post and members Nine posts :- Two from each of 4 Revenue Divisions of Karnataka State and One from Bengaluru City, of IMA Karnataka State Branch Building Committee for the year 2026-28.
- (5) Nominations to the IMA-KSB Club Sub-Committee Post of Chairman one post, Vice-Chairman one post, Secretary one post and members Nine posts :- Two from each of 4 Revenue Divisions of Karnataka State and One from Bengaluru City, of IMA Karnataka State Branch Club for the year 2026-28.

The Nomination for the above posts shall be duly proposed and seconded by Life members of IMA Karnataka State Branch with consent of the candidate.

"The nomination may please be forwarded to the Chairman, Election Commission by **Speed Post/Registered Post/Courier** and should reach the Election Commission on or before **25th July 2026, 5P.M.** and the envelope shall be addressed to The Chairman, Election Commission of Indian Medical Association, Karnataka State Branch, 3rd Floor, IMA House, Near IMA Circle, Alur Venkata Rao Road, Bangalore 560 018, superscribed as "**Nominations for the elections of the IMA-KSB for the year, 2026-28 (Sub:1, 4 and 5) / 2026-27 (Sub:2) / 2027-28 (Sub:3)**", whichever is applicable.

Thanking you,

Yours sincerely,

Sd/- Dr. VVIKAS, Chairman, Election Commission

Note:

- (1) Elections are conducted once in two years. Some of the above posts are for one year term and some are for two years term. Carefully read and fill up the nominations forms. Please adhere to Bye-Laws of IMA-KSB.
- (2) Nomination form may be photocopied from the IMA Focus June 2026 issue page 13 to 17

Eligibility Criteria for other Posts:

Hon. State Secretary, Hon. Joint Secretary, Hon. Treasurer, Public Relations Officer, Internal Auditor, Editor-KMJ, Hon. Secretary-KMJ, Editor-IMA Focus, Hon. Secretary-IMA Focus, Regular Central Working Committee Members, Alternate Central Working Committee Members, Six State Working Committee members, Chairman- Subject Committee, Chairman- Finance Committee, Chairman- Bye-Laws Committee. Chairman- IMA-AMS, Hon. Secretary-IMA-AMS, Director-IMA-CGP, Hon. Secretary-IMA-CGP, Governing Council Members for CGP-One Regular and One Alternate, Chairman, Vice-Chairman, Secretary and 9 members of IMA-KSB Building Sub-Committee, Chairman, Vice-Chairman, Secretary and 9 members of IMA-KSB Club-Sub-Committee.

1. Should be Life Member of IMA in preceding 5 years
2. Should be a member of IMA-KPPS and IMA-KSSS (if eligible).
3. Should have been an Office bearer of any Local Branch (or) Should have been an office-bearer of State Branch (or) should have been Member of the State Council and should have attended minimum of 50% of the Meetings of the previous 2 years.
4. **Please note: Only members of the IMA-KSB Club are eligible to contest for all posts of IMA-KSB Club Sub- Committee.**

Hon. State Secretary and Hon. Treasurer should be from IMA Karnataka State branch Headquarters Bengaluru city branches only.

IMPORTANT DATES

- | | |
|--|-----------------------------|
| 1. Last date for receiving Nominations with Acceptance | 25th July 2026-5.P.M. |
| 2. Last date for withdrawal | 31st July 2026-5.P.M |
| 3. Date of posting of Ballots to the voters | 18th Aug. 2026-5.P.M |
| 4. Date for claiming duplicate Ballot | After 1st Sept. 2026 -5.P.M |
| 5. Last date to receive the voted Ballots by election commission | 15th Sept. 2026-5.P.M. |

NOTE:

- [1] Contestants who fail to send Rs.300/- by D.D. only and letter of acceptance / willingness certificate before 5-00. P.M. of 25th July 2026 will automatically be considered as having withdrawn from the contest.
- [2] D.D. shall be drawn in favor of “**IMA-KSB Election Fund**” payable at Bengaluru.
- [3] Nomination application forms will be strictly scrutinized. Incomplete nomination will be rejected.
- [4] **No hand delivery.**
- [5] Applicants/contestants should strictly mention the year for which they are contesting. Wrong entries lead to rejection of applications /nominations form.



**THE CHAIRMAN, ELECTION COMMISSION
INDIAN MEDICAL ASSOCIATION, KARNATAKA STATE BRANCH**

OFFICE BEARERS ELECTION 2026-28

NOMINATION FORM

To:

Date: _____

The Chairman,
Election Commission of Indian Medical Association, Karnataka State Branch,
3rd Floor, IMA House, Near IMA Circle, Alur Venkata Rao Road, Bangalore - 560 018.

Sir,

Sub: (1) Nominations to the Post of Hon. State Secretary, Hon. Joint Secretary, Hon. Treasurer, Internal Auditor, Chairman-Subject Committee, Chairman-Finance Committee, Chairman-Rules and Bye-Laws Committee, Chairman-IMA-AMS, Honorary Secretary-IMA-AMS, Director-IMA-CGP and Honorary Secretary - IMA - CGP. and Governing Council Members for CGP-One Regular and One Alternate of IMA Karnataka State Branch for the year 2026-28.

A) Candidate

I, Dr. _____ Member of IMA _____ Branch
with IMA Life membership No. _____ is willing to contest
for the post _____ for the year **2026-28**.

Signature of the Candidate _____

B) Proposer

I, (in Block Letters) Dr. _____ Member of
IMA _____ Branch with IMA Life Membership No. _____
do hereby propose the name of (Candidate) Dr. _____
for the post of _____ for the year **2026-28**.

Signature of the Proposer _____

Address: _____
Mob No. _____

C) Seconder

I, (in Block Letters) Dr. _____ Member of
IMA _____ Branch with IMA Life Membership No. _____
do hereby second the name of (Candidate) Dr. _____
for the post of _____ for the year **2026-28**.

Signature of Seconder _____

Address: _____
Mob No. _____

WILLINGNESS CERTIFICATE BY THE CANDIDATE

I am willing to contest and accept the nomination proposed and seconded by Members and hereby
enclose the D.D. for Rs./- _____ bearing No. _____
of _____ Bank.

Name of the Candidate (in Block Letters) Dr. _____

Address _____

Ph: No. (STD Code _____ [R] _____ [H] _____

Mob: _____ Email: _____

Date: _____

Place: _____

Signature of the Candidate



**THE CHAIRMAN, ELECTION COMMISSION
INDIAN MEDICAL ASSOCIATION, KARNATAKA STATE BRANCH**

OFFICE BEARERS ELECTION 2026-27

NOMINATION FORM

To:

Date: _____

The Chairman,

Election Commission of Indian Medical Association, Karnataka State Branch,
3rd Floor, IMA House, Near IMA Circle, Alur Venkata Rao Road, Bangalore - 560 018.

Sir,

Sub: (2) Nominations to the Post of Public Relations Officer, Editor-KMJ, Hon. Secretary-KMJ, Editor-IMA Focus, Hon. Secretary-IMA Focus, Regular Central Working Committee Members - 31 posts and Alternate Central Working Committee Members - 31 Posts, Six State Working Committee members for the year 2026-27.

A) Candidate

I, Dr. _____ Member of IMA _____ Branch
with IMA Life membership No. _____ is willing to contest
for the post _____ for the year **2026-27**.

Signature of the Candidate _____

B) Proposer

I, (in Block Letters) Dr. _____ Member of
IMA _____ Branch with IMA Life Membership No. _____
do hereby propose the name of (Candidate) Dr. _____
for the post of _____ for the year **2026-27**.

Signature of the Proposer _____

Address: _____

Mob No. _____

C) Seconder

I, (in Block Letters) Dr. _____ Member of
IMA _____ Branch with IMA Life Membership No. _____
do hereby second the name of (Candidate) Dr. _____
for the post of _____ for the year **2026-27**.

Signature of Seconder _____

Address: _____

Mob No. _____

WILLINGNESS CERTIFICATE BY THE CANDIDATE

I am willing to contest and accept the nomination proposed and seconded by Members and hereby
enclose the D.D. for Rs./- _____ bearing No. _____
of _____ Bank.

Name of the Candidate (in Block Letters) Dr. _____

Address _____

Ph: No. (STD Code _____ [R] _____ [H] _____

Mob: _____ Email: _____

Date: _____

Place: _____

Signature of the Candidate



**THE CHAIRMAN, ELECTION COMMISSION
INDIAN MEDICAL ASSOCIATION, KARNATAKA STATE BRANCH**

OFFICE BEARERS ELECTION 2027-28

NOMINATION FORM

To:

Date: _____

The Chairman,

Election Commission of Indian Medical Association, Karnataka State Branch,

3rd Floor, IMA House, Near IMA Circle, Alur Venkata Rao Road, Bangalore - 560 018.

Sir,

Sub: (3) Nominations to the Post of Public Relations Officer, Editor-KMJ, Hon. Secretary-KMJ, Editor-IMA Focus, Hon. Secretary-IMA Focus, Regular Central Working Committee Members - 31 posts and Alternate Central Working Committee Members - 31 Posts, Six State Working Committee members for the year 2027-28.

A) Candidate

I, Dr. _____ Member of IMA _____ Branch with IMA Life membership No. _____ is willing to contest for the post _____ for the year **2027-28**.

Signature of the Candidate _____

B) Proposer

I, (in Block Letters) Dr. _____ Member of IMA _____ Branch with IMA Life Membership No. _____ do hereby propose the name of (Candidate) Dr. _____ for the post of _____ for the year **2027-28**.

Signature of the Proposer _____

Address: _____

Mob No. _____

C) Seconder

I, (in Block Letters) Dr. _____ Member of IMA _____ Branch with IMA Life Membership No. _____ do hereby second the name of (Candidate) Dr. _____ for the post of _____ for the year **2027-28**.

Signature of Seconder _____

Address: _____

Mob No. _____

WILLINGNESS CERTIFICATE BY THE CANDIDATE

I am willing to contest and accept the nomination proposed and seconded by Members and hereby enclose the D.D. for Rs./- _____ bearing No. _____ of _____ Bank.

Name of the Candidate (in Block Letters) Dr. _____

Address _____

Ph: No.(STD Code _____ [R] _____ [H] _____

Mob: _____ Email: _____

Date: _____

Place: _____

Signature of the Candidate



Office of the Chairman, Election Commission of
Indian Medical Association, Karnataka State Branch

OFFICE BEARERS ELECTION 2026-28

NOMINATION FORM

To:

Date: _____

The Chairman,

Election Commission of Indian Medical Association, Karnataka State Branch,

3rd Floor, IMA House, Near IMA Circle, Alur Venkata Rao Road, Bangalore - 560 018.

Sir,

Sub: (4) Nominations to the IMA-KSB Building Sub-Committee for the post of Chairman-one post, Vice-Chairman-one post, Secretary-one post and members-Nine posts :- Two from each of 4 Revenue Divisions of Karnataka State and One from Bengaluru City, of IMA Karnataka State Branch Building Committee for the year 2026-28.

A) Candidate

I, Dr. _____ Member of IMA _____ Branch
with IMA Life membership No. _____ is willing to contest
for the post _____ for the year **2026-28**.

Signature of the Candidate _____

B) Proposer

I, (in Block Letters) Dr. _____ Member of
IMA _____ Branch with IMA Life Membership No. _____
do hereby propose the name of (Candidate) Dr. _____
for the post of _____ for the year **2026-28**.

Signature of the Proposer _____

Address: _____

Mob No. _____

C) Secunder

I, (in Block Letters) Dr. _____ Member of
IMA _____ Branch with IMA Life Membership No. _____
do hereby second the name of (Candidate) Dr. _____
for the post of _____ for the year **2026-28**.

Signature of Secunder _____

Address: _____

Mob No. _____

WILLINGNESS CERTIFICATE BY THE CANDIDATE

I am willing to contest and accept the nomination proposed and seconded by Members and hereby
enclose the D.D. for Rs./- _____ bearing No. _____
of _____ Bank.

Name of the Candidate (in Block Letters) Dr. _____

Address _____

Ph: No.(STD Code _____ [R] _____ [H] _____

Mob: _____ Email: _____

Date: _____

Place: _____

Signature of the Candidate



Office of the Chairman, Election Commission of
Indian Medical Association, Karnataka State Branch

OFFICE BEARERS ELECTION 2026-28

NOMINATION FORM

ONLY FOR THE MEMBERS OF THE IMA-KSB CLUB SUB COMMITTEE

To:

Date: _____

The Chairman,

Election Commission of Indian Medical Association, Karnataka State Branch,

3rd Floor, IMA House, Near IMA Circle, Alur Venkata Rao Road, Bangalore - 560 018.

Sir,

Sub: (5) Nominations to the IMA-KSB Club Sub-Committee for the post of Chairman-one post, Vice-Chairman-one post, Secretary-one post and members-Nine posts:- Two from each of 4 Revenue Divisions of Karnataka State and One from Bengaluru City, of IMA Karnataka State Branch Building Committee for the year 2026-28.

A) Candidate

I, Dr. _____ Member of IMA _____ Branch
with IMA Life membership No. _____ is willing to contest
for the post _____ for the year **2026-28**.

Signature of the Candidate _____

B) Proposer

I, (in Block Letters) Dr. _____ Member of
IMA _____ Branch with IMA Life Membership No. _____
do hereby propose the name of (Candidate) Dr. _____
for the post of _____ for the year **2026-28**.

Signature of the Proposer _____

Address: _____

Mob No. _____

C) Seconder

I, (in Block Letters) Dr. _____ Member of
IMA _____ Branch with IMA Life Membership No. _____
do hereby second the name of (Candidate) Dr. _____
for the post of _____ for the year **2026-28**.

Signature of Seconder _____

Address: _____

Mob No. _____

WILLINGNESS CERTIFICATE BY THE CANDIDATE

I am willing to contest and accept the nomination proposed and seconded by Members and hereby
enclose the D.D. for Rs./- _____ bearing No. _____
of _____ Bank.

Name of the Candidate (in Block Letters) Dr. _____

Address _____

Ph: No.(STD Code _____ [R] _____ [H] _____

Mob: _____ Email: _____

Date: _____

Place: _____

Signature of the Candidate