



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

IMA House, 3rd Floor, Near IMA Circle, A.V.Road, Bangalore-560018

Email : election.imaksb@gmail.com

Chairman	Members	
<b>Dr. D.Somasekharaiah</b>	<b>Dr. K.G.Somasekhar</b>	<b>Dr. Vikas V</b>
Mob: 9845040656	Mob: 9844024597	Mob: 8277125998
E- drdssiah@gmail.com	E- cepodemxp@gmail.com	E- vikas.driv@gmail.com

Ref: EC/IMAKSB/01/2020

Date: 06<sup>th</sup> July 2020

**ELECTION NOTIFICATION**

To:

**The Honorary Secretaries**

Local Branches of IMA in Karnataka

Dear Doctors,

- Sub: (1) **Nominations to the Post of President-Elect and Four Vice-Presidents of IMA Karnataka State Branch for the year 2020-21 (one Post reserved for Women).**
- (2) **Nominations to the Post of President-Elect and Four Vice-Presidents of IMA Karnataka State Branch for the year 2021-22 (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 2020-21 (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 2021-22 (One Post reserved for women)

Nomination with full name and address must reach the office of the Election Commission on or before **25th July 2020 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 **Registered Post/ Courier** and should reach the Election Commission on or before **25th July 2020, 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 2020-21 /2021-22”.

Thanking you Yours sincerely,

Sd/-

**DR. D.SOMASEKHARIAH**  
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 2020 issue page No.25 & 26.**
- (3) 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 2020 -5.P.M.      |
| 2. | Last date for withdrawal                                      | 31st July 2020 -5.P.M       |
| 3. | Date of posting of Ballots to the voters                      | 18th Aug. 2020 -5.P.M       |
| 4. | Date for claiming duplicate Ballot                            | After 1st Sept. 2020 -5.P.M |
| 5. | Last date to receive the voted Ballots by election commission | 15th Sept. 2020 -5.P.M.     |

- NOTE:**
- [1] Contestants who fail to send Rs.5000/- by D.D. for the post of President-Elect, Rs. 2000/- by D.D. for the post of Vice-President and letter of acceptance willingness certificate before 5.00 P.M of 25th July 2020 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 2020-21**

**NOMINATION FORM**

To:  
The Chairman, Election Commission  
Indian Medical Association,  
Karnataka State Branch, 3<sup>rd</sup> Floor, IMA House,  
Near IMA Circle, Alur Venkata Rao Road, Bangalore - 560 018.  
E-mail : election.imaksb@gmail.com

Date: \_\_\_\_\_

Sir,  
Sub: **Nominations for the Post of (a) President-Elect and (b) four Vice-Presidents of the Indian Medical Association, Karnataka State Branch for the year 2020-21.**

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 2020-21.

Name:  
Seal:

Signature of the  
**Hon. Secretary of the Local Branch**

**WILLINGNESS CERTIFICATE BY THE CANDIDATE**

I am willing to contest and accept the nomination proposed by IMA Local Branch and enclose the D.D. for Rs. \_\_\_\_\_/- for President-Elect / Rs. \_\_\_\_\_/- for Vice-President for the year 2020-21 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 2021-22**

**NOMINATION FORM**

To:

The Chairman, Election Commission  
Indian Medical Association,  
Karnataka State Branch, 3<sup>rd</sup> Floor, IMA House,  
Near IMA Circle, Alur Venkata Rao Road, Bangalore - 560 018.  
E-mail : election.imaksb@gmail.com

Sir,

Sub: **Nominations for the Post of (a) President-Elect and (b) four Vice-Presidents of the Indian Medical Association, Karnataka State Branch for the year 2021-22.**

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 2021-22.

Name:

Signature of the

Seal:

**Hon. Secretary of the Local Branch**

**WILLINGNESS CERTIFICATE BY THE CANDIDATE**

I am willing to contest and accept the nomination proposed by IMA Local Branch and  
enclose the D.D. for Rs. \_\_\_\_\_/- for President-Elect / Rs. \_\_\_\_\_/- for Vice-  
President for the year 2021-22 bearing No. \_\_\_\_\_ of \_\_\_\_\_  
Bank. I am enclosing my Bio-Data [300 words] and a Pass port size color photograph for  
needful.

Name and address of the Candidate

Dr. ....

.....

.....Ph: (STD Code.....)

Resi: ....., Hosp. ...., Mob.: .....

E-mail : .....

Date: \_\_\_\_\_

**Signature of the Candidate**

Place: \_\_\_\_\_

■ ..... ■



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

IMA House, 3rd Floor, Near IMA Circle, A.V.Road, Bangalore-560018

E-mail : election.imaksb@gmail.com

Chairman	Members	
<b>Dr. D.Somasekharaiah</b>	<b>Dr. K.G.Somasekhar</b>	<b>Dr. Vikas V</b>
Mob: 9845040656	Mob: 9844024597	Mob: 8277125998
E- drdssiah@gmail.com	E- cepodemxp@gmail.com	E- vikas.drv@gmail.com

Ref: EC/IMAKSB/02/2020

Date : 06<sup>th</sup> July 2020

**ELECTION NOTIFICATION**

To:

The Members of IMA Karnataka State Branch

Dear Doctor,

- 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 2020-22.**
- (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-26 posts and Alternate Central Working Committee Members-26 Posts, Six State Working Committee members for the year 2020-21.**
- (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-26 posts and Alternate Central Working Committee Members-26 Posts, Six State Working Committee members for the year 2021-22.**
- (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 2020-22.**
- (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 Club for the year 2020-22.**

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 **Registered Post/Courier** and should reach the Election Commission on or before **25th July 2020, 5 P.M.** and the envelope shall be addressed to The Chairman, Election Commission of Indian Medical Association, Karnataka State Branch, 3<sup>rd</sup> 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, 2020-22 (Sub:1, 4 and 5) / 2020-21 (Sub:2) / 2021-22 ( Sub: 3 ), whichever is applicable.

Thanking you,

Yours sincerely,  
sd/-

**Dr. D.SOMASEKHARIAH**

Chairman, Election Commission

Note: (1) Election 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 2020 issue page No. 29 to 33.**

**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 2020 -5.P.M.     |
| 2. Last date for withdrawal                                      | 31st July 2020-5.P.M       |
| 3. Date of posting of Ballots to the voters                      | 18th Aug. 2020-5.P.M       |
| 4. Date for claiming duplicate Ballot                            | After 1st Sept. 2020-5.P.M |
| 5. Last date to receive the voted Ballots by election commission | 15th Sept. 2020-5.P.M.     |

**NOTE:** [1] Contestants who fail to send Rs.300/- by D.D. and letter of acceptance / willingness certificate before 5.00. P.M. of 25th July 2020 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 2020-22**

**NOMINATION FORM**

To:

Date: \_\_\_\_\_

The Chairman,

Election Commission of Indian Medical Association,

Karnataka State Branch, 3<sup>rd</sup> Floor, IMA House,

Near IMA Circle, Alur Venkata Rao Road, Bengaluru - 18. E-mail : election.imaksb@gmail.com

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 2020-22.**

A) Proposed by

I Dr. .... Member of IMA ..... Branch propose the Name of

Dr. .... for the post of ..... for the year 2020-22.

Signature of the Proposer .....

Name (in Block Letters) Dr. ....

Address: .....

B) Seconded by

Signature.....

Name (in Block Letters) Dr. ....

Address: .....

C) I am willing to contest for the post of .....

Signature of the Candidate: .....

Name (in Block Letters) Dr. ....

Address: .....

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

Fax:..... Email: .....

**WILLINGNESS CERTIFICATE BY THE CANDIDATE**

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

Name of the Candidate Dr. ....

Address : .....

Date: \_\_\_\_\_

**Signature of the Candidate**

Place: \_\_\_\_\_

■ ..... ■



**THE CHAIRMAN, ELECTION COMMISSION  
INDIAN MEDICAL ASSOCIATION, KARNATAKA STATE BRANCH  
OFFICE BEARERS ELECTION 2020-21**

To:

**NOMINATION FORM**

Date: \_\_\_\_\_

The Chairman,  
Election Commission of Indian Medical Association,  
Karnataka State Branch, 3<sup>rd</sup> Floor, IMA House,  
Near IMA Circle, Alur Venkata Rao Road, Bengaluru-18. E-mail : election.imaksb@gmail.com

Sir,

**Sub: 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 - 26 posts and Alternate Central Working Committee Members - 26 Posts, Six State Working Committee members for the year 2020-21.**

A) Proposed by

I Dr. .... Member of IMA ..... Branch propose the  
Name of Dr ..... for the post of ..... for the year 2020-21.

Signature of the Proposer .....

Name (in Block Letters) Dr. ....

Address: .....

B) Seconded by

Signature .....

Name (in Block Letters) Dr. ....

Address: .....

C) I am willing to contest for the post of .....

Signature of the Candidate: .....

Name (in Block Letters) Dr. ....

Address: .....

Ph: No. (STD Code .....) [R] ..... [H] ..... Mob:.....

Fax: ..... Email: .....

**WILLINGNESS CERTIFICATE BY THE CANDIDATE**

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

Name of the Candidate Dr. ....

Address: .....

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Signature of the Candidate**

■ ..... ■





**THE CHAIRMAN, ELECTION COMMISSION  
INDIAN MEDICAL ASSOCIATION, KARNATAKA STATE BRANCH  
OFFICE BEARERS ELECTION 2021-22**

**NOMINATION FORM**

Date: \_\_\_\_\_

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Election Commission Indian Medical Association,

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**Sub: 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 - 26 posts and Alternate Central Working Committee Members - 26 Posts, Six State Working Committee members for the year 2021-22.**

A) Proposed by

I Dr. .... Member of IMA ..... Branch propose the  
Name of Dr ..... for the post of ..... for the year 2021-22.

Signature of the Proposer .....

Name (in Block Letters) Dr. ....

Address: .....

B) Seconded by Signature .....

Name (in Block Letters) Dr. ....

Address: .....

C) I am willing to contest for the post of .....

Signature of the Candidate: .....

Name (in Block Letters) Dr. ....

Address: .....

Ph: No.(STD Code .....) [R] .....[H] ..... Mob: .....

Fax: ..... Email: .....

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I am willing to contest and accept the nomination proposed by Members and enclose the D.D.

for Rs. \_\_\_\_\_/- bearing No. \_\_\_\_\_ of \_\_\_\_\_ Bank.

Name of the Candidate Dr. ....

Address: .....

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Signature of the Candidate**





**THE CHAIRMAN, ELECTION COMMISSION  
INDIAN MEDICAL ASSOCIATION, KARNATAKA STATE BRANCH  
OFFICE BEARERS ELECTION 2020-22**

To:

**NOMINATION FORM**

Date: \_\_\_\_\_

The Chairman,  
Election Commission of Indian Medical Association,  
Karnataka State Branch, 3<sup>rd</sup> Floor, IMA House,  
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E-mail : election.imaksb@gmail.com

Sir,

Sub: (1) **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 for the year 2020-22.**

A) Proposed by

I Dr. .... Member of IMA ..... Branch propose the Name  
of Dr. .... for the post of ..... for the year 2020-22.

Signature of the Proposer .....

Name (in Block Letters) Dr. ....

Address: .....

B) Seconded by

Signature.....

Name (in Block Letters) Dr. ....

Address: .....

C) I am willing to contest for the post of .....

Signature of the Candidate: .....

Name (in Block Letters) Dr. ....

Address: .....

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

Fax:..... Email: .....

**WILLINGNESS CERTIFICATE BY THE CANDIDATE**

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

Name of the Candidate Dr. ....

Address : .....

Date: \_\_\_\_\_

Signature of the Candidate

Place: \_\_\_\_\_





**THE CHAIRMAN, ELECTION COMMISSION  
INDIAN MEDICAL ASSOCIATION, KARNATAKA STATE BRANCH  
OFFICE BEARERS ELECTION 2020-22**

To:

**NOMINATION FORM**

Date: \_\_\_\_\_

The Chairman,

Election Commission of Indian Medical Association,

Karnataka State Branch, 3<sup>rd</sup> Floor, IMA House,

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Sir,

**Sub: (1) 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 Club for the year 2020-22.**

A) Proposed by

I Dr. .... Member of IMA ..... Branch propose the Name of Dr. .... for the post of ..... for the year 2020-22.

Signature of the Proposer .....

Name (in Block Letters) Dr. ....

Address: .....

B) Seconded by

Signature.....

Name (in Block Letters) Dr. ....

Address: .....

C) I am willing to contest for the post of .....

Signature of the Candidate: .....

Name (in Block Letters) Dr. ....

Address: .....

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

Fax: ..... Email: .....

**WILLINGNESS CERTIFICATE BY THE CANDIDATE**

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

Name of the Candidate Dr. ....

Address :.....

Date: \_\_\_\_\_

**Signature of the Candidate**

Place: \_\_\_\_\_

■ ..... ■