

**Office of the Returning officer for Elections of IMA-KPPS for the year 2024-27**

**1 ST FLOOR, IMA HOUSE, ALUR VENKATARAO ROAD, CHAMARAJPET, BANGALORE - 560018**

Returning Officer

**Dr.SHIVAKUMAR B. LAKKOL**

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E-mail: sblakkol@yahoo.co.in

Ref:Elections/IMA-KPPS/56 / 2024-25

Date : 28<sup>th</sup> September 2024

**ELECTION NOTIFICATION**

To:

The Members of IMA Karnataka Professional Protection Scheme,

Dear Doctor,

**Sub: Nominations to various posts of IMA-KPPS.**

The office of the returning officer for elections of IMA's- **KPPS** (2024-27) invites the nominations for the following posts duly proposed and seconded by the active members of IMA's- **KPPS** with consent of the candidate as per the time schedule attached.

List of Managing committee posts:

- |                               |    |
|-------------------------------|----|
| 1. CHAIRMAN                   | 1  |
| 2. VICE CHAIRMAN              | 1  |
| 3. HONORARY SECRETARY         | 1  |
| 4. JOINT SECRETARY            | 1  |
| 5. HONORARY TREASURER         | 1  |
| 6. INTERNAL AUDITOR           | 1  |
| 7. MANAGING COMMITTEE MEMBERS | 10 |

The nominations may please be forwarded to the **Returning officer by Speed Post/Registered post /Courier only** and should reach the office of the Returning officer on or before 14<sup>th</sup> October 2024 ( **No ordinary post and No Hand Delivery**) and the envelop shall be addressed to ,**"The Returning officer ,Office of the IMA-KPPS, 1 ST FLOOR, IMA HOUSE, ALUR VENKATARAO ROAD, CHAMARAJPET, BANGALORE - 560018 "** super scribed as **"Nomination for the elections of the IMA-KPPS for the year 2024-27 (Three year term)."**

-Sd/-

**Dr.SHIVAKUMAR B. LAKKOL**

Returning Officer

## IMPORTANT DATES

1. Last date for receiving Nominations with Acceptance 14/10/ 2024 -5 P.M.
2. Scrutiny of nominations and publication of valid list 18/10/2024 -5 P.M.
3. Last date for withdrawal From 19/10/2024, Till before Elections
4. Date of Election( During Annual General Body Meeting of KPPS ) on 25/10/ 2024 at 11.00.A.M at Dr.C.N.R.Rao Hall, Dr.C.V.Raman Block, Reva University, Rukmini Knowledge Park, Yelahanka, Kattigenahalli, Sathanur, Bengaluru-560064.

**NOTE:** [1] The Contestants for the post of Chairman, Vice Chairman, Secretary, Treasurer , Internal auditor and Joint Secretaries and Members of managing committee(Ten Posts) shall send the duly filled nomination paper along with letter of acceptance / willingness on or before 5 P.M. of 14<sup>th</sup> October 2024.

[2] Nomination forms will be strictly scrutinized and incomplete nomination will be rejected.

[3] No hand delivery of nomination forms.

[4] Withdrawal forms can be delivered by hand / Courier / registered post/E-mail. [imakpps@gmail.com](mailto:imakpps@gmail.com)

[5] Nomination forms can be obtained from IMA'S-KPPS website at <https://www.imakppsbengaluru.org/> or from IMA'S-KPPS Office, Bangalore or IMA Focus September 2024 issue

**Office of the Returning Officer for Elections of IMA-KPPS BANGALORE - 560018**

**Elections For the year 2024-27**

**NOMINATION FORM**

To: Date.....

The Returning Officer ,  
Elections of IMA-KPPS,  
1 st Floor, IMA House, Alur Venkata Rao Road,  
Chamarajpete, BANGALORE – 560018

Sir,

Sub: (1) **Nominations to the post of CHAIRMAN, VICE CHAIRMAN, SECRETARY, JOINT SECRETARY ,TREASURER ,  
INTERNAL AUDITOR, and MEMBERS (10 posts)**

**A) Candidate**

I ,Dr..... Member of IMA ..... Branch  
with IMA KPPS Membership No.....willing to contest for the post .....for  
the year 2024-27.

Signature of the Candidate:.....

**B) Proposer**

I, (in Block Letters) Dr..... Member of IMA ..... Branch with IMA KPPS  
Membership No.....do hereby propose the name of (Candidate)  
Dr.....  
for the post of ..... for the year 2024-27.

Signature of the Proposer .....-

Address: .....

.....Mob

No.....

**C) Seconder**

I, (in Block Letters) Dr..... Member of IMA ..... with IMA KPPS  
Membership No.....do hereby Second the name of (Candidate)  
Dr.....  
for the post of ..... for the year 2024-27.

Signature of the Proposer .....-

Address: .....

.....Mob No.....

**WILLINGNESS CERTIFICATE BY THE CANDIDATE**

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

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

Address : .....

.....

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

Email: .....

.

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

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

Signature of the Candidate