

FORM FOR NOMINATION

Dr. S.P. Singh

Room no. 115, TEC Building
CSIR-National Physical Laboratory
Dr. K.S. Krishnan Marg, New Delhi-110012

I hereby nominate Mr./Dr./ Ms./ Mrs. _____

for the post of _____

Membership No. _____

Signature : _____

Date : _____

Name : _____

I second the above nomination

Membership No. _____

Signature : _____

Date : _____

Name : _____

I second the above nomination

Membership No. _____

Signature : _____

Date : _____

Name : _____

I accept the above nomination for the post of _____

Membership No. _____

Signature : _____

Date : _____

Name : _____

Please note :

i. For extra copies you may kindly get photocopies of this form.

ii. Kindly Mail this to :

Dr. S.P. Singh

Returning Officer, MSI Elections
Room no. 115, TEC Building
CSIR-National Physical Laboratory
Dr. K.S. Krishnan Marg, New Delhi-110012
E-mail : singhsp@nplindia.org

iii. Kindly mark the envelope as "NOMINATIONS FOR MSI ELECTION"