

IMA UA STATE ELECTION COMMISSION
IMA BLOOD BANK OF UTTARAKHAND, 47, BALLUPUR ROAD, DEHRADUN – 248001
Email: electionimauastatebranch@gmail.com

Chairman Dr. Arvind Sharma Kashipur Mob : 9837061444 prakash.hospital444@gmail.com	Member Dr. J. S. Khurana Haldwani Mob : 9927044141 Khuranajs1710@gmail.com	Member Dr. Chandra Shekhar Joshi Khatima Mob : 9837783984 jmhjoshi@gmail.com
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No. IMA/UA/ELECTION/04 /04

Dated: 26th October, 2024

To,

- All Members of State Council,
- All local branch Presidents/ Hony. Secretaries,
- IMA Uttaranchal State Branch

Dear Sir,

The Election (if necessary) for the following posts (Office Bearers) of IMA UA State Branch will be held on 1st December, 2024, at **Hotel Amardeep, Rampur Road, Haldwani, Uttarakhand** as per the detail given below:

A) IMA UA State:

1. Hony. Joint Secretary:	- Three Posts.	
a) From the place of State Head Quarter (To be nominated with the consent of Hony. State Secretary).	- One post	- 2 years
b) From the place of President, IMA UA State (To be nominated with the consent of State President).	- One post	- 1 year
a) From the place of Annual conference in the year 2025 (To be elected from the members present from the Branch hosting the next conference).	- One post	- 1 year
2. Hony State Treasurer: From the place of Head quarter.		- One post
		-2 years

Eligibility of Office Bearers: (Must be a Life Member) –

1. Hony. State Treasurer:

- i. Should have worked as Hony. Secretary or Hony. Treasurer of local branch for one year.
- ii. Should have been a member of State Working Committee for full three years at the time of filing nomination.
- iii. Should be from the place of state headquarters.

2. Hony. Editor IMA UA State Bulletin :-
(from the place of State HQ.)

- One Post

- 1 year

3. Hony. Joint Editor IMA UA State Bulletin :-
(from the place of State HQ.)

- One Post

- 1 year

4. Hony. Editor, Academic Journal of IMA UA State :-
(from Haldwani)

- One post

- 1 year

5. Hony. Joint Editor, Academic Journal of IMA UA State:-
(from Haldwani)

- One post

- 1 year

6. Members of Working Committee IMA UA State:

- 15 posts.

- a) Election will be held for
- b) To be nominated by the State President from unrepresented branches

-10 posts.

-05 posts

(Those members seeking re-election in the Working Committee Membership for the year 2024-2025, should have attended at least **2/3 State Working Committee Meeting** of the year 2023-2024 except when exempted by the chair upon written request).

B) IMA CGP UA State Faculty: Member seeking election for the posts should be the life member of IMA CGP:

- a) Director:** - One post - 1 year.
- b) Hony Secretary:** - One post - 2 years.
- c) Hony. Jt. Secretary** - One post - 2 years
- d) Members** - Three posts - 1 year.
- e) Member Governing Council** - One post - 2 years.

Faculty Secretary of IMA CGP shall be the member of the Governing Council and Director of Studies shall be alternate member.

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C) IMA AMS UA State Chapter: Member seeking election for the posts should be the life member of IMA AMS

a) Chairman	-	One Post	-One Year
b) Vice Chairman	-	One Post	-One Year
c) Hony. Secretary	-	One Post	-Two Years
d) Members	-	Five Posts	-One year
e) Member Governing Council	-	One Post	-Two Years

(Hony. State Secretary of IMA AMS UA Chapter will be the Governing Council Member and Chairman of the State Chapter shall be the alternate member).

Representative of IMA UA State to Central Working Committee, IMA Head Quarter:

i) Regular Member	-	Two posts	-	Two Years
ii) Alternate Member	-	Two posts	-	Two Years

The members seeking re-election to the post of representative of IMA UA State to Central Working Committee for the year 2024-2026 should have attended at least one Central Working Committee Meetings in the year 2022-2024.

Election shall be held as per Rules [30(B), 33, 34 & 35] of the Bye-laws of IMA UA State Branch.

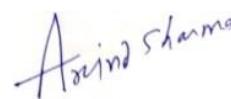
Special Note:

1. Only the members of the **State Council** will be eligible for any post unless otherwise specified in the constitution.
2. Candidates contesting the election shall be physically present in the meeting.
3. No member of the State Council will be allowed to contest more than 2 (two) posts. In case one files nomination for more than 2 posts, all his/her nominations will be treated as invalid.
4. One person can cast one vote even if he is holding more than one post.
5. Duly filled nomination form must reach the Election Commission on or before **22nd November, 2024 by 4:00 p.m.**
6. Chairman Election Commission/Election Commission shall scrutinize **7 days** before the State council meeting and withdrawal if any shall be allowed up to **two hours** before the date of election on 01st December, 2024 so that the ballot papers can be prepared.

All nomination papers must be accompanied by election fee of **Rs. 500/- (Rupees Five hundred) only per post by D/D in favour of "IMA UA State Branch" payable at Dehradun**, which will be **non-refundable**. Nomination form for this purpose will be sent to all State Council Members, Local Branch Secretaries & photocopy of the form can also be used. Voting if required will be conducted simultaneously with the proceeding of the State Council. The results of the Election will be declared in the same meeting.

Your's sincerely,

Enclo: Nomination Form.


(Dr. Arvind Sharma)
Chairman,
Election Commission,
IMA UA State Branch

C.C. to:

1. Hony. Secretary General, IMA HQ, New Delhi; hsg@ima-india.org
2. Members, Election Commission, IMA UA State Branch; khuranajs1710@gmail.com, jmhjoshi@gmail.com
3. State President, IMA UA State Branch; jm.sandhya@gmail.com
4. Hony. State Secretary, IMA UA State Branch; akkhanna4@gmail.com; drajaykhanna786@gmail.com

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NOMINATION FORM

Name of the candidate (in block letters) _____

Address _____

Mobile No. _____ (Email id) _____

Life Membership No _____

Life Member of Local Branch _____

For the Post of _____

Proposer's Name _____ Signature _____

Seconder's Name _____ Signature _____

I, Dr. _____ hereby give my consent for the Post of _____ and also enclosing herewith the Election Fee of Rs. _____ for one/two post(s) _____ by D/D No. _____ dated _____.

Signature of the Candidate

Received the Nomination Form of Dr. _____

of IMA _____ for the Post of _____.

Date :

Time : (Signature of Chairman Election Commission)

Note:

1. The form duly filled in giving all details mentioned above must reach to the Chairman, Election Commission, IMA UA State Branch, 47 Ballupur Road, IMA Blood Bank of Uttarakhand, Dehradun-248001, UK on or before 22nd November, 2024 by 4:00 p.m.