



Telemedicine Society of India

(Registered under the Societies Registration Act, 1860)

Office of Returning Officer of TSI Elections

Election for various post of TSI Executive Committee 2025-27 Nomination Form

To,
Dr. Sunil Shorff,
Returning Officer,
Telemedicine Society of India
Room No. 303, Second Floor,
School of Telemedicine & Biomedical Informatics,
SGPGIMS, Raebareli Road, Lucknow-226014

(Filled up Nomination form to be sent to, President-Elect, TSI & Returning Officer, Telemedicine Society of India, on or before 5pm on 07.10.2025)

Nomination form for the post of Vice President (2025-26) / Honorary Secretary / Joint Secretary / Treasurer / Executive Committee Member (2025-2027) (Please tick (✓) any one only)

Section A Proposer

I, Mr. /Ms. /Mrs. /Dr. /Prof. _____ member of the

Telemedicine Society of India with TSI Membership No _____ do

hereby propose Mr. /Ms. /Mrs. /Dr. /Prof. _____

with TSI life membership No _____ for the post of Vice President (2025-

26) / Honorary Secretary / Joint Secretary / Treasurer / Executive Committee Member of the Telemedicine Society of India

for the year 2025-2027.

Full Residential Address

Signature of the Proposer

Name in capital letters

TSI Membership No

Date

PIN



Section B Second

I, Mr. /Ms. /Mrs. /Dr. /Prof. _____ member
of the Telemedicine Society of India with TSI membership No _____ do hereby
second Mr. /Ms. /Mrs. /Dr. /Prof. _____
with TSI life membership No.: _____ for the post of Vice President (2025-
26) / Honorary Secretary / Joint Secretary / Treasurer / Executive Committee Member of the Telemedicine Society of India
for the year 2025-2027.

Full Residential Address

Signature of the Proposer

Name in capital letters

TSI Membership No

Date _____

PIN _____

Section C Candidate

I, Mr. /Ms. /Mrs. /Dr. /Prof. _____ member of the
Telemedicine Society of India with TSI membership No _____ willing to contest
for the post of _____ for the year 2025-27.

Full Residential Address

Signature of the candidate

Name in capital letters

TSI Membership No

Date _____

PIN _____



Section D Declaration by the Candidate *(to be filled by the candidate)*

a) I am member of TSI since the year _____ and registered on _____

b) I, (candidate Name) _____,

contestant for the post of _____ have attended _____ number

of the Telemedicon in past five years, organized by the Telemedicine Society of India and here are the details.

c) I, have held the post of _____ in the _____ State

Chapter Executive Committee from _____ to _____ year.

d) I, have held the post of _____ in the National Executive Committee

from _____ to _____ year.

(please give details if held multiples posts, and year, below)

e) I hereby declare that all the information furnished by me in this application form is true, complete, and correct to the best of my knowledge and belief. I understand that if any information is found to be false, incorrect, or misleading at any stage, my candidature may be cancelled and/or I may be disqualified from further consideration.

Signature of the Candidate



Section E, F and G are for TSI Office use only

Section E Details of the Receiving the Nomination Form *(to be filled by the Executive Assistant)*

Serial No. of nomination paper _____ in the register. This nomination form of _____ was received at the TSI office at _____ time on _____. (date) by _____. Speed post / Courier with number _____ dated _____.

Signature of Executive Assistant.



Section F Decision of Returning Officer Accepting or Rejecting the Nomination Paper

(to be filled by the Returning Officer)

Scrutiny Decision

Accepted ☐

"The nomination paper of Mr. /Ms. /Mrs. /Dr. /Prof. _____ has been scrutinized and is hereby accepted."

Rejected ☐

"The nomination paper of Mr. /Ms. /Mrs. /Dr. /Prof _____ has been scrutinized and is hereby rejected for the following reason(s):

Section G: Declaration by Returning Officer

I hereby declare that I have scrutinized the above nomination paper in accordance with the rules of the election and recorded my decision as above.

Date: _____

Place: _____

Signature of Returning Officer: _____

Name of Returning Officer: Dr. Sunil Shroff
