

## Society of Obstetricians and Gynecologists of Pakistan

Nomination Form for SOGP Election (2025-2027)

| Propose For the Post of  Signature of Proposer  2. I  Second  For the Post of  Signature of Seconder  3. I  Accept my nomination for the Post of  SIGNATURE OF CANDIDATE  Designation & Institute:  Phone:  Dated:  Dated: | 1. | I                       | CIT TO GE              |
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| For the Post of  Signature of Proposer  2. I  Second  For the Post of  Signature of Seconder  3. I  Accept my nomination for the Post of  SIGNATURE OF CANDIDATE  Designation & Institute:  Phone:  Email:                 |    | D                       |                        |
| Signature of Proposer  2. I Second For the Post of Signature of Seconder  3. I Accept my nomination for the Post of SIGNATURE OF CANDIDATE  Designation & Institute: Phone: Email:                                         |    | Propose                 |                        |
| 2. I                                                                                                                                                                                                                       |    | For the Post of         |                        |
| 2. I                                                                                                                                                                                                                       |    |                         |                        |
| 2. I                                                                                                                                                                                                                       |    |                         |                        |
| Second For the Post of  Signature of Seconder  3. I  Accept my nomination for the Post of  SIGNATURE OF CANDIDATE  Designation & Institute:  Phone: Email:                                                                 |    |                         | Signature of Proposer  |
| Second  For the Post of  Signature of Seconder  3. I  Accept my nomination for the Post of  SIGNATURE OF CANDIDATE  Designation & Institute:  Phone: Email:                                                                | 2. |                         |                        |
| Signature of Seconder  3. I                                                                                                                                                                                                |    |                         |                        |
| Signature of Seconder  3. I                                                                                                                                                                                                |    | Second                  |                        |
| Signature of Seconder  3. I                                                                                                                                                                                                |    | For the Post of         |                        |
| 3. I                                                                                                                                                                                                                       |    |                         |                        |
| 3. I                                                                                                                                                                                                                       |    |                         |                        |
| Accept my nomination for the Post of                                                                                                                                                                                       |    |                         | Signature of Seconder  |
| Accept my nomination for the Post of                                                                                                                                                                                       |    |                         |                        |
| Designation & Institute:  Phone:Email:                                                                                                                                                                                     | 3. | 1 / 6                   |                        |
| Designation & Institute:  Phone:Email:                                                                                                                                                                                     |    | Accept my nomination    | or the Post of         |
| Designation & Institute: Phone:Email:                                                                                                                                                                                      |    | 1                       | AKISTA                 |
| Designation & Institute: Phone:Email:                                                                                                                                                                                      |    |                         |                        |
| Phone:Email:                                                                                                                                                                                                               |    |                         | SIGNATURE OF CANDIDATE |
| Phone:Email:                                                                                                                                                                                                               |    |                         |                        |
|                                                                                                                                                                                                                            |    | Designation & Institute |                        |
|                                                                                                                                                                                                                            |    | Phone:                  | Email:                 |
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