



# KOA ELECTIONS 2025

## Nomination Form

**Name of Contestant:**

**KOA Membership No.:**

**Phone Number:**

**Email ID:**

**Signature:**

Post Applied for: (Please tick the appropriate box)

**PRESIDENT ELECT** – (2025-2026)

**JOINT SECRETARY** - (2025-2027)

**EXECUTIVE COMMITTEE MEMBER** – (2025-2026)

**OASIS Vice President Elect 2026-** (2025- onwards)

**EC MEMBERS FOR OASIS** - (2025-2027)

Conférence Venue - [KOACON 2027: South Zone](#)

**Name of the District Chapter:**

**Name of the Organising Chairman:**

KOA Life Membership No.:

Signature:

**Name of the Organising Secretary:**

KOA Life Membership No.:

Signature:

**Proposed by:**

Name: .....

KOA Membership No.: .....

Signature:

**Seconded by:**

Name: .....

KOA Membership No.: .....

Signature:

### Declaration by the Contestant

I / We hereby agree to contest for the post of President Elect / Joint Secretary / Executive Committee Member of the Karnataka Orthopaedic Association/ OASIS Vice President Elect / Conférence Venue of KOACON 2027. If elected I will serve the Association to the best of my ability. I shall not use any unfair means for my election.

Date : .....

Place : .....

Signature of Contestant / Organising Chairman & Organising Secretary