



ELECTION COMMISSION, I.M.A. HEADQUARTERS

IMA HQs. Office -Indian Institute of Public Administration Building, I. P. Estate (Ring Road), New Delhi-110 002

Mobile: 8527919399, Phone: 011-2337 0009

Email: imaelections@imaec.org

Website: imaec.org

Chief Election Commissioner	Member	Member	Member stationed at Delhi
Dr. Mahesh B. Patel Ahmedabad (Gujarat)	Dr. G. K. Thakur Muzaffarpur (Bihar)	Dr. M. S. Ashraf Trichy (Tamilnadu)	Dr. Vinod Khetarpal (Delhi)

IMA/EC/2024/11

June 26, 2024

To,
The members of the Central Council (Regular member, Ex-Officio Members, Office Bearers and members of the Central Working Committee), whose names have been received at IMA (HQs.) from various branches on or before 31st March 2024

Sub: Notification for the elections of 2024-2025 & 2025-2026

Dear Sir/Madam,

Nomination forms amongst the Central Council members / CWC Members are invited for the following posts. The nominations duly filled as per enclosed proforma must reach the office of the Election Commission positively on or before 5.00 p.m. on 31st July, 2024.

Nominations received after 5.00 pm. on 31st July, 2024 due to postage delay or any reason will be treated as invalid.

The relevant portions of the Constitution are annexed herewith.

- | | | |
|----|---|--------------------|
| a. | National President Elect for the Year 2024-2025 | [one year term] |
| | National President Elect for the Year 2025-2026 | [one year term] |
| b. | Four National Vice Presidents Elect for the Year 2024-2025 | [one year term] |
| | Four National Vice Presidents Elect for the Year 2025-2026 | [one year term] |
| c. | Dean-IMA CGP for the Year 2024-2025 | [one year term] |
| | Dean-IMA CGP for the Year 2025-2026 | [one year term] |
| d. | Chairman-IMA AMS for the Year 2024-2025 | [one year term] |
| | Chairman-IMA AMS for the Year 2025-2026 | [one year term] |
| e. | Hony. Director-IMA Dr. AKN Sinha Institute for the Year 2024-2025 | [one year term] |
| | Hony. Director-IMA Dr. AKN Sinha Institute for the Year 2025-2026 | [one year term] |
| f. | Hony. Editor-JIMA for the Year 2024-2025 | [one year term] |
| | Hony. Editor-JIMA for the Year 2025-2026 | [one year term] |
| g. | Other Office Bearers as per printed list enclosed (2024-2026) | [two years term] |

Note: The Nomination Papers should be accompanied by Application Fees of Rs. 10,000/- for the post of National President Elect.; Rs. 5,000/- for the posts of National Vice-President & Hony. Secretary General and Rs.3,000/- each for all other posts. All payments will be received in the Election Commission office through bank demand draft/pay order only made in favour of Indian Medical Association payable at New Delhi. No cash/cheque to be accepted.

Dr. Mahesh B. Patel
Chief Election Commissioner

Dr. G. K. Thakur
Member

Dr. M. S. Ashraf
Member

Dr. Vinod Khetarpal
Member stationed at Delhi

Note-1: In case, you require any other information concerning the elections, its procedure, please feel free to write to the Election Commission on Election Commission's official email id: imaelections@imaec.org. If needed, Nomination form can be downloaded from the IMA HQs. Website: www.ima-india.org and IMA Election Commission Website: imaec.org

NB: PLEASE NOTE THE CHANGE OF CORRESPONDENCE ADDRESS OF IMA HQS OFFICE & ELECTION COMMISSION OFFICE: INDIAN INSTITUTE OF PUBLIC ADMINISTRATION BUILDING, I. P. ESTATE (RING ROAD), NEW DELHI-110 002



ELECTION COMMISSION, I.M.A. HEADQUARTERS

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Chief Election Commissioner	Member	Member	Member stationed at Delhi
Dr. Mahesh B. Patel Ahmedabad (Gujarat)	Dr. G. K. Thakur Muzaffarpur (Bihar)	Dr. M. S. Ashraf Trichy (Tamilnadu)	Dr. Vinod Khetarpal (Delhi)

G. Other Office Bearers (Term-Two years) NO. OF POST(S)

IMA HEADQUARTERS (NEW DELHI)

- | | |
|---|-------|
| 1. Hony. Secretary General | One |
| 2. Hony. Joint Secretaries | Three |
| -Two posts for NCR and one from rest of the country | |
| 3. Hony. Jt. Secretary stationed at Kolkata
(to look after IMA Bldg at Kolkata) (from Kolkata) | One |
| 4. Hony. Asstt. Secretaries | Three |
| -One post from NCR and one Post from rest of the country | |
| -One post stationed at Kolkata as Hony. Asst. Secretary, JIMA | |
| 5. Hony. Finance Secretary –for IMA HQs., stationed at New Delhi | One |
| 6. Hony. Joint Finance Secretaries | Two |
| -One post from Kolkata and one post from rest of the country | |

JIMA (Kolkata)

- | | |
|----------------------------------|-----|
| 1. Hony. Associate Editors, JIMA | Two |
| 2. Hony. Secretary, JIMA | One |

Your Health (Kolkata)

- | | |
|--|-----|
| 1. Hony. Editor, Your Health | One |
| 2. Hony. Associate Editors, Your Health
(one post from Kolkata one post from rest of the country) | Two |
| 3. Hony. Secretary, Your Health | One |

Apka Swasthya (Varanasi)

- | | |
|---|-----|
| 1. Hony. Editor, Apka Swasthya (from Varanasi) | One |
| 2. Hony. Associate Editors, Apka Swasthya
(one post from Varanasi one post from rest of the country) | Two |
| 3. Hony. Secretary, Apka Swasthya | One |

IMA College of General Practitioners (Chennai)

- | | |
|---|-----|
| 1. Vice Dean, IMA CGP | One |
| 2. Hony. Secretary, IMA CGP (from Tamilnadu) | One |
| 3. Hony. Joint Secretaries, IMA CGP
(Two from Tamil Nadu and Four from Other States) | Six |

IMA AMS (Hyderabad)

- | | |
|--|-----|
| 1. Vice-Chairman, IMA AMS | One |
| 2. Hony. Secretary, IMA AMS (from Telangana) | One |
| 3. Hony. Joint Secretaries, IMA AMS
(one post from Telangana one post from rest of the country) | Two |
| 4. Hony . Editor, IMA AMS | One |
| 5. Hony . Executive Editor, IMA AMS | One |

IMA Dr. AKN Sinha Institute (Patna)

- | | |
|--|-----|
| 1. Hony. Executive Secretary, IMA AKNSI (from Bihar) | One |
| 2. Hony. Joint Secretaries, IMA AKNSI
(one post from Bihar one post from rest of the country) | Two |

IMA Hospital Board of India (Mumbai)

- | | |
|--|-----|
| 1. Chairman, IMA HBI | One |
| 2. Hony. Secretary , IMA HBI (from Mumbai) | One |
| 3. Hony. Treasurer, IMA HBI (from Mumbai) | One |

**2024-2025**

INDIAN MEDICAL ASSOCIATION

Nomination Form

for the Post of

National President Elect for the Year 2024-2025

1. Name of Candidate (in block letters): _____
2. Address of Candidate: _____

3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. Name of Local Branch, IMA _____
6. Name of State Branch, IMA _____
7. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

I affirm that all the details provided above are true and accurate to the best of my knowledge. I understand that any incorrect information may lead to the invalidation of my nomination by the Election Commission.

Signature: _____ Date _____

Signature: _____ Date _____

NB:

1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details and **non refundable** application fee of Rs. 10,000 only (Demand Draft/ Pay Order) in favour of Indian Medical Association payable at New Delhi should be sent in a closed envelope marked as "NOMINATION PAPER" to the Election Commission, IMA Headquarters office, Indian Institute of Public Administration Building, I. P. Estate (Ring Road), New Delhi-110 002 so as to reach the office on or before 5.00 pm on 31st July, 2024.
3. Nominations received after 5.00 pm on 31st July, 2024 due to postage delay or any reason will be treated as invalid.
4. Please note that the DD should be issued in the name of either Proposer or Seconder.
5. The Nomination form should contain DD only. No other document should be attached with the Nomination Form.



INDIAN MEDICAL ASSOCIATION

2025-2026

Nomination Form for the Post of **National President Elect for the Year 2025-2026**

1. Name of Candidate (in block letters): _____
2. Address of Candidate: _____

3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. Name of Local Branch, IMA _____
6. Name of State Branch, IMA _____
7. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

I affirm that all the details provided above are true and accurate to the best of my knowledge. I understand that any incorrect information may lead to the invalidation of my nomination by the Election Commission.

Signature: _____ Date _____

Signature: _____ Date _____

NB:

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3. Nominations received after 5.00 pm on 31st July, 2024 due to postage delay or any reason will be treated as invalid.
4. Please note that the DD should be issued in the name of either Proposer or Secunder.
5. The Nomination form should contain DD only. No other document should be attached with the Nomination Form.



INDIAN MEDICAL ASSOCIATION

2024-2025

Nomination Form

for the Post of

Four National Vice Presidents Elect for the Year 2024-2025

1. Name of Candidate (in block letters): _____
2. Address of Candidate: _____

3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. Name of Local Branch, IMA _____
6. Name of State Branch, IMA _____
7. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

I affirm that all the details provided above are true and accurate to the best of my knowledge. I understand that any incorrect information may lead to the invalidation of my nomination by the Election Commission.

Signature: _____ Date _____

Signature: _____ Date _____

NB:

1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details and **non refundable** application fee of Rs. 5,000 only (Demand Draft/ Pay Order) in favour of Indian Medical Association payable at New Delhi should be sent in a closed envelope marked as "NOMINATION PAPER" to the Election Commission, IMA Headquarters office, Indian Institute of Public Administration Building, I. P. Estate (Ring Road), New Delhi-110 002 so as to reach the office on or before 5.00 pm on 31st July, 2024.
3. There should be a separate form for each post.
4. Each application for each post should be accompanied by a separate Demand Draft/Pay Order of Rs. 5,000/-.
5. Nominations received after 5.00 pm on 31st July, 2024 due to postage delay or any reason will be treated as invalid.
6. Please note that the DD should be issued in the name of either Proposer or Seconder.
7. The Nomination form should contain DD only. No other document should be attached with the Nomination Form.



INDIAN MEDICAL ASSOCIATION

2025-2026

Nomination Form

for the Post of

Four National Vice Presidents Elect for the Year 2025-2026

1. Name of Candidate (in block letters): _____
2. Address of Candidate: _____

3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. Name of Local Branch, IMA _____
6. Name of State Branch, IMA _____
7. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

I affirm that all the details provided above are true and accurate to the best of my knowledge. I understand that any incorrect information may lead to the invalidation of my nomination by the Election Commission.

Signature: _____ Date _____

Signature: _____ Date _____

NB:

1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details and **non refundable** application fee of Rs. 5,000 only (Demand Draft/ Pay Order) in favour of Indian Medical Association payable at New Delhi should be sent in a closed envelope marked as "NOMINATION PAPER" to the Election Commission, IMA Headquarters office, Indian Institute of Public Administration Building, I. P. Estate (Ring Road), New Delhi-110 002 so as to reach the office on or before 5.00 pm on 31st July, 2024.
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4. Each application for each post should be accompanied by a separate Demand Draft/Pay Order of Rs. 5,000/-.
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6. Please note that the DD should be issued in the name of either Proposer or Seconder.
7. The Nomination form should contain DD only. No other document should be attached with the Nomination Form.



INDIAN MEDICAL ASSOCIATION

2024-2025

Nomination Form

for the Post of

Dean - IMA CGP (2024-2025)

1. Name of Candidate (in block letters): _____
2. Address of Candidate _____

3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. IMA CGP Life Membership No. _____
6. Name of Local Branch, IMA _____
7. Name of State Faculty of IMA CGP _____
8. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

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Signature: _____ Date _____

Signature: _____ Date _____

NB:

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4. Please note that the DD should be issued in the name of either Proposer or Seconder.
5. The Nomination form should contain DD only. No other document should be attached with the Nomination Form.



INDIAN MEDICAL ASSOCIATION

2025-2026

Nomination Form

for the Post of

Dean - IMA CGP (2025-2026)

1. Name of Candidate (in block letters): _____
2. Address of Candidate _____

3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. IMA CGP Life Membership No. _____
6. Name of Local Branch, IMA _____
7. Name of State Faculty of IMA CGP _____
8. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

I affirm that all the details provided above are true and accurate to the best of my knowledge. I understand that any incorrect information may lead to the invalidation of my nomination by the Election Commission.

Signature: _____ Date _____

Signature: _____ Date _____

NB:

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INDIAN MEDICAL ASSOCIATION

2024-2025

Nomination Form

for the Post of

Chairman - IMA AMS (2024-2025)

1. Name of Candidate (in block letters): _____
2. Address of Candidate _____

3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. IMA AMS Life Membership No. _____
6. Name of Local Branch, IMA _____
7. Name of State Chapter of IMA AMS _____
8. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

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Signature: _____ Date _____

Signature: _____ Date _____

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INDIAN MEDICAL ASSOCIATION

2025-2026

Nomination Form

for the Post of

Chairman - IMA AMS (2025-2026)

1. Name of Candidate (in block letters): _____
2. Address of Candidate _____

3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. IMA AMS Life Membership No. _____
6. Name of Local Branch, IMA _____
7. Name of State Chapter of IMA AMS _____
8. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

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Signature: _____ Date _____

Signature: _____ Date _____

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5. The Nomination form should contain DD only. No other document should be attached with the Nomination Form.



INDIAN MEDICAL ASSOCIATION

2024-2025

Nomination Form

for the Post of

Hony. Director – IMA Dr. AKN Sinha Institute (2024-2025)

1. Name of Candidate (in block letters): _____
2. Address of Candidate _____

3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. Name of Local Branch, IMA _____
6. Name of State Branch, IMA _____
7. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

I affirm that all the details provided above are true and accurate to the best of my knowledge. I understand that any incorrect information may lead to the invalidation of my nomination by the Election Commission.

Signature: _____ Date _____

Signature: _____ Date _____

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5. The Nomination form should contain DD only. No other document should be attached with the Nomination Form.



INDIAN MEDICAL ASSOCIATION

2025-2026

Nomination Form

for the Post of

Hony. Director – IMA Dr. AKN Sinha Institute (2025-2026)

1. Name of Candidate (in block letters): _____
2. Address of Candidate _____

3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. Name of Local Branch, IMA _____
6. Name of State Branch, IMA _____
7. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

I affirm that all the details provided above are true and accurate to the best of my knowledge. I understand that any incorrect information may lead to the invalidation of my nomination by the Election Commission.

Signature: _____ Date _____

Signature: _____ Date _____

NB:

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3. Nominations received after 5.00 pm on 31st July, 2024 due to postage delay or any reason will be treated as invalid.
4. Please note that the DD should be issued in the name of either Proposer or Secunder.
5. The Nomination form should contain DD only. No other document should be attached with the Nomination Form.



INDIAN MEDICAL ASSOCIATION

2024-2025

Nomination Form

for the Post of

Hony. Editor – JIMA (2024-2025)

1. Name of Candidate (in block letters): _____
2. Address of Candidate: _____
3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. Name of Local Branch, IMA _____
6. Name of State Branch, IMA _____
7. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

I affirm that all the details provided above are true and accurate to the best of my knowledge. I understand that any incorrect information may lead to the invalidation of my nomination by the Election Commission.

Signature: _____ Date _____

Signature: _____ Date _____

NB:

1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details and non refundable application fee of Rs. 3,000 only (Demand Draft/ Pay Order) in favour of Indian Medical Association payable at New Delhi should be sent in a closed envelope marked as "NOMINATION PAPER" to the Election Commission, IMA Headquarters office, Indian Institute of Public Administration Building, I. P. Estate (Ring Road), New Delhi-110 002 so as to reach the office on or before 5.00 pm on 31st July, 2024.
3. Nominations received after 5.00 pm on 31st July, 2024 due to postage delay or any reason will be treated as invalid.
4. Please note that the DD should be issued in the name of either Proposer or Secunder.
5. The Nomination form should contain DD only. No other document should be attached with the Nomination Form.



INDIAN MEDICAL ASSOCIATION

2025-2026

Nomination Form

for the Post of

Hony. Editor – JIMA (2025-2026)

1. Name of Candidate (in block letters): _____
2. Address of Candidate: _____
3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. Name of Local Branch, IMA _____
6. Name of State Branch, IMA _____
7. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

I affirm that all the details provided above are true and accurate to the best of my knowledge. I understand that any incorrect information may lead to the invalidation of my nomination by the Election Commission.

Signature: _____ Date _____

Signature: _____ Date _____

NB:

1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details and non refundable application fee of Rs. 3,000 only (Demand Draft/ Pay Order) in favour of Indian Medical Association payable at New Delhi should be sent in a closed envelope marked as "NOMINATION PAPER" to the Election Commission, IMA Headquarters office, Indian Institute of Public Administration Building, I. P. Estate (Ring Road), New Delhi-110 002 so as to reach the office on or before 5.00 pm on 31st July, 2024.
3. Nominations received after 5.00 pm on 31st July, 2024 due to postage delay or any reason will be treated as invalid.
4. Please note that the DD should be issued in the name of either Proposer or Secunder.
5. The Nomination form should contain DD only. No other document should be attached with the Nomination Form.



INDIAN MEDICAL ASSOCIATION

2024-2026

Nomination Form

(Common for all posts of Other Office Bearers as per list attached at Page-2 except HBI
[For one term of two years i.e. 2024-2026]

For the Post of _____

1. Name of Candidate (in block letters): _____
2. Address of Candidate: _____

3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. Name of Local Branch, IMA _____
6. Name of State Branch, IMA _____
7. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

I affirm that all the details provided above are true and accurate to the best of my knowledge. I understand that any incorrect information may lead to the invalidation of my nomination by the Election Commission.

Signature: _____ Date _____

Signature: _____ Date _____

NB:

1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details and **non refundable** application fee of Rs. 5,000 only (Demand Draft/ Pay Order) in favour of Indian Medical Association payable at New Delhi for the post of Hony. Secretary General and Rs. 3,000 for all other posts (Demand Draft/ Pay Order) should be sent in a closed envelope marked as "NOMINATION PAPER" to the Election Commission, IMA Headquarters office, Indian Institute of Public Administration Building, I. P. Estate (Ring Road), New Delhi-110 002 so as to reach the office on or before 5.00 pm on 31st July, 2024
3. Nominations received after 5.00 pm on 31st July, 2024 due to postage delay or any reason will be treated as invalid.
4. There should be a separate form for each post.
5. Each application for each post should be accompanied by separate DD/Pay order of Rs.5000 / 3000.
6. Please note that the DD should be issued in the name of either Proposer or Seconder.
7. The Nomination form should contain DD only. No other document should be attached with the Nomination Form.



INDIAN MEDICAL ASSOCIATION

2024-2026

Nomination Form

(For the post of **IMA HOSPITAL BOARD OF INDIA**
[For one term of two years i.e. 2024-2026])

For the Post of _____

1. Name of Candidate (in block letters): _____
2. Address of Candidate: _____

3. Email id of Candidate _____ Mobile No. of candidate _____
4. IMA Life Membership No. of Candidate _____ Life Membership Year _____
5. Name of Local Branch, IMA _____
6. Name of State Branch, IMA _____
7. Name of the Hospital affiliated to HBI. _____
8. Post(s) held as per eligibility criteria _____
as per Bye-Law 43(d) (See Annexure) _____

Proposed by:

Seconded by:

Dr. _____ (CC Member)

Dr. _____ (CC Member)

IMA Life Membership No. _____

IMA Life Membership No. _____

Local Branch: _____

Local Branch: _____

State Branch: _____

State Branch: _____

I affirm that all the details provided above are true and accurate to the best of my knowledge. I understand that any incorrect information may lead to the invalidation of my nomination by the Election Commission.

Signature: _____ Date _____

Signature: _____ Date _____

NB:

1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details and **non refundable** application fee of Rs. 3,000 only (Demand Draft/ Pay Order) in favour of Indian Medical Association payable at New Delhi should be sent in a closed envelope marked as "NOMINATION PAPER" to the Election Commission, IMA Headquarters office, Indian Institute of Public Administration Building, I. P. Estate (Ring Road), New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 31st July, 2024.
3. Nominations received after 5.00 pm on 31st July, 2024 due to postage delay or any reason will be treated as invalid.
4. There should be separate applications for post of Chairman/ Secretary/ Treasurer of HBI and should be accompanied by separate DD/Pay order of Rs. 3000.
5. Please note that the DD should be issued in the name of either Proposer or Secunder.
6. The Nomination form should contain DD only. No other document should be attached with the Nomination Form.



Constitutional Provisions

Bye Law 43 : Election of Office Bearers

A. ELECTORAL COLLEGE

The Electoral College for all posts of IMA (HQs.) and all its wings shall be the members of the Central Council (Regular member, Ex-Officio Members, Office Bearers and members of the Central Working Committee), whose names have been received at IMA(HQs.) from various branches on or before 31st March in the year the elections are to be held (vide Rule 20-A).

B. TERM

The term of office bearer like National President-Elect, National Vice Presidents, Dean of IMA CGP, Chairman, IMA AMS, Director, IMA AKN Sinha Instt., Editor, Journal of IMA shall be one year. Two sets of such office bearers shall be elected every alternate year for the specific year.

The term of all other office bearers like Hony. Secretary General, Hony. Finance Secretary, Hony. Joint Secretaries, Hony. Joint Finance Secretary, Hony. Asstt. Secretaries of IMA HQs. and Hony. Secretaries and Hony. Joint Secretaries of various wings shall be of two years and the election shall be held every alternate year.

C. SCHEDULE OF ELECTION

a. Notification

Election Commission shall follow the election schedule as under:- (In the year -Elections are held)

Invites nominations from amongst the Central Council Members/CWC members on or before (Notification) –	1 st July
Last date for receiving the nomination	31 st July- 5 PM
Scrutiny of Valid nominations and informing the candidates by Regd post	14 th August
Submission of consent alongwith necessary remittance for election OR Last date of withdrawal (Note-1)	31 st August – 5 PM
Dispatch of ballot papers latest by (Note - 2)	15 th September
Last date of receipt of duly filled in Ballot Papers	31 st October, 5 PM
In case the 31st October is a Gazetted/Postal Holiday then 5 PM of the next working day shall be the valid time to receive the ballots.	

Counting date to be decided by Election Commission and candidates to be informed at least 2 weeks in advance.

Note 1: Any member desiring to contest must inform the Election Commission about his/her consent in writing on printed letter head along with a nomination fee (**Non-refundable**) of Rs.2 lacs for the post of National President Elect & Honorary Secretary General, Rs. 1 lac for the posts of National Vice-President and Rs.50,000/- each for all other posts or convey his/her withdrawal on or before 31st of August. Non receipt of any communication / nomination fee shall be interpreted as withdrawal of the candidate. (**Only Demand Draft/ Pay Order in favour of Indian Medical Association payable at New Delhi. No cash/cheque to be accepted**)

Note 2: The envelope containing one big envelope, three smaller envelopes and three sets of Ballot papers alongwith the instruction sheet duly issued by the Election Commission shall be posted to all the members of the Electoral College - The number printed on the envelop shall be entered in the master list of Electoral College - which shall be used for UPC or other modes (Registered Post/Speed Post) by the Post Office of dispatch.

Note 3: In the event of non-receipt of Ballot papers by the member Electoral College the written request for duplicate ballot shall be entertained by the Election Commission on or after the 5th October and up to 25th October only Once the request for the duplicate ballots is received and the duplicate ballot is sent; the original ballot shall be automatically invalidated.

D. ELIGIBILITY CRITERIA FOR VARIOUS POSTS

For National President and National Vice Presidents

1. Must be a Life Member of IMA for atleast 10 years
2. Should have held an office at either State or Branch or IMA Headquarters level.
3. Should have no outstanding dues in IMA

For Hony. Secretary General/ Hony. Finance Secretary/Dean, IMACGP/ Chairman, IMA-AMS and Hony. Editor, JIMA

1. Must be a Life Member of IMA for 10 years
2. Should have held an office at either State or Branch or IMA Headquarters level.
3. Should have no outstanding dues in IMA

For Chairman/Secretary/Treasurer of HBI

1. Must be a life member of IMA.
2. Should represent Hospitals with affiliation to HBI.
3. Should have no outstanding dues in IMA.

For All Other Posts

1. Must be a life member of IMA, with at least 10 years of membership of IMA
2. Must have held the office at either Branch or State level or at IMA Headquarters
3. Should have no outstanding dues in IMA

E. ELECTION PROCEDURE

1. Election Commission shall get the ballot papers printed indicating the name of (a) post (b) the year for which the election are held (c) the ballot paper shall be signed by at least two members (of the Election Commission or their nominee).
2. The ballot papers should not be numbered.
3. Three plain envelopes shall be printed without number for containing ballot papers in it (with adequate information printed on it including the year of election). One for two sets of ballot papers for the post of National President Elect, National Vice-Presidents and one for Dean-IMACGP, Chairman-IMAAMS, Hony. Editor-JIMA and Director-IMA AKN Sinha Institute and the third one for all Other Office Bearers.
4. One bigger envelope shall be printed (duly numbered) with self-address of Election Commission and details of sender including signature on the same.
5. All the above envelopes along with the ballot papers and the instruction sheet shall be placed in a bigger envelope and shall be dispatched to the members of Electoral College by UPC/ Registered Post/Speed Post as per the scheduled date by the Election Commission.
6. The detailed instructions for casting vote year wise putting them in respective small & bigger envelop and filling up the outer cover with signature etc. needs to be mailed to each Central Council / Central Working Committee member. It should be made clear that after casting the votes the outer envelope should be sent by registered post/speed post/courier.
7. The Ballot papers shall be received in the Office of Election Commission and the same shall be entered in a separate register date wise maintained for this purpose only and put all the envelopes in a bigger envelope and seal the same and kept in the almirah/box provided for this purpose.
8. On the last date of receipt of ballot papers, the Election Commission shall place and seal all the ballot papers alongwith a summary thereof and authenticated statement of receipt of ballots in a steel box duly sealed to be kept in his safe custody alongwith the list of Electoral College which has been used for posting of ballot paper.
9. While sealing this box the candidate or his observer shall be permitted to be present there.

F. COUNTING OF VOTES

1. The Election Commission shall decide the date of counting which shall be communicated to all the candidates two weeks in advance.
2. The scrutinizers shall be appointed by the Election Commission for the purpose of counting. The counting shall be held under the overall supervision of the Election Commission.
3. The counting shall be carried out at IMA house, New Delhi and the procedure for the same shall be announced by the Chief Election Commissioner there and then along with his report.
4. The candidate will be allowed to observe the counting or he may depute an IMA member to be his observer in case he is not attending the counting. (information of the same has to be provided to the Election Commission well in time.)
5. Neither any candidate nor any observer shall be permitted to handle any ballot paper.
6. During the counting any objection from any candidate or his observer will be considered by the Election Commission and will be disposed off there and then.

G. CRITERIA FOR INVALIDATION

- (a) Outer Envelope
 - (i) Received after the last date.
 - (ii) Received in any envelop other than the prescribed envelop supplied by Election Commission.
 - (iii) Received by ordinary post or by hand.
 - (iv) Name, address and signature of Central Council members/CWC member not there.
- (b) Inner Envelope
 - (i) If Inner Envelop is other than the supplied one.
 - (ii) Any mark of identification.
- (c) Invalidation of Ballot Paper
 - (i) Any signature/mark of identification on ballot paper.
 - (ii) If number of votes cast are more than the votes asked for.
 - (iii) Any cutting or over writing.

H. PROCESS OF COUNTING OF VOTES

- i) All valid inner envelop shall be opened and the set of ballot papers be separated and put the respective ballot paper in separate basket.
- ii) Bundles of 50 ballots paper to be prepared.
- iii) Counting for each post to be conducted by a separate group of scrutinizers.
- iv) Invalid ballot papers duly signed by the scrutinizer with reason to be kept separately and the Election Commission to be informed about the same and handed over separately.
- v) Total of vote received by each candidate to be compiled and handed over to the Election Commission duly signed by the scrutinizers

Result to be compiled by the Election Commission.

At the end of the counting the Chief Election Commissioner will compile a summary of invalid votes and shall announce the result on the same day and issue the necessary letter to all the successful candidates.

I. MODEL CODE OF CONDUCT

Model Code of Conduct shall be applicable on all IMA members from the date of Notification.

Broadly no personal slandering or demeaning campaign is allowed against any candidate or any leader of IMA. Further, Election Commission shall issue necessary guidelines which shall be binding as Model Code of Conduct.

Any violation of Model Code of Conduct will be viewed seriously and violator is liable to Disciplinary Action against him/her including Disqualification of his/her membership.

Your kind attention is drawn towards the following Rules and Regulations of IMA HQs and its Wings:

IMA Memorandum Rules & Byelaws:

Term of Office Bearers:

Rule : 30-A. All office bearers of the Association will hold office for one particular post for a maximum of one term of two years (except National President-Elect and National Vice Presidents, Dean, IMA CGP, Chairman, IMA AMS, Director, IMA AKN Sinha Institute and Editor, Journal of IMA who shall be elected for one term of one year).

Note-1: No member of IMA in receipt of a salary from the funds of the Association shall be entitled to be an office bearer of the Association or a member of the Working Committee.

Constitution of IMA CGP: College Office Bearers: (8) Elected Members:

Rule:8 (b). All the office Bearers of IMA CGP. State Faculties and Sub-Faculties to be elected, must be the Life Members of IMA CGP

Constitution of IMA AMS: XI. Academy Office Bearers

Rule: 3. Eligibility: Only Life members of the Academy shall be eligible to hold any office of the academy or to be a member of the governing council of any of the Committee of the Academy. This rule shall, however, not apply to those who serve as Ex-Officio.

Constitution of IMA HBI: Office Bearers

Rule 6.The Chairman, Secretary, Finance Secretary.... should represent hospitals with affiliation to HBI.....

ELECTION COMMISSION OF IMA HQs.

MODEL CODE OF CONDUCT FOR THE GUIDANCE OF CANDIDATES, VOTERS AND ALL IMA MEMBERS

These Guidelines are issued in terms of the mandate incorporated under Bye-Laws 43 (I) of Indian Medical Association Hq and shall be operative from the date of the Notification of IMA Elections till the completion of the process of the election.

1. General Guidelines

- a. These Guidelines shall be called as 'Model Code of Conduct (MCC).
- b. These Guidelines titled Model Code of Conduct (MCC) shall be applicable to all the Candidates, canvassers, Supporters, Voters and Members of IMA.
- c. No candidate shall indulge in any activity that may create mutual hatred or cause unrest among members.
- d. No personal slandering or demeaning campaign shall be permissible against any candidate or any leader of IMA.
- e. Candidates shall refrain from criticism of all aspects of private life, not connected with the public activities of the leaders, candidates, voters and members.
- f. Criticism of candidates and members on social, print, electronic media based on unverified allegations or distortion shall be prohibited.
- g. All candidates shall avoid scrupulously all the activities which amount to "corrupt practices" and electoral offences catalogued under the Representations of Peoples Act, such as bribing of voters, intimidation of voters, impersonation of voters or any other violations vitiating the electoral process.
- h. Organizing demonstrations by way of protesting against any candidate shall be strictly prohibited.
- i. Candidates shall ensure that they or their supporters do not create obstructions of any type in any manner in the election process.

- j. Campaigning based on Caste, Colour, Creed, Gender, Religion, Faith, Belief, Region including geographic location shall be strictly prohibited.

2. On the Day of Counting

- All candidates shall co-operate with the office bearers/scrutinizers on election duty to ensure peaceful and orderly process.
- All candidates and/or their authorized representatives as observers shall wear and display their identity cards provided by IMA Election Commission.
- All candidates shall ensure that unnecessary crowd is not collected near the election office.

3. Violation of MCC

- Any violation of Model Code of Conduct shall be viewed scrupulously and violator shall be liable to such Disciplinary Action against him/her as warranted including Disqualification of his/her candidature and/or IMA life membership as per the laid down procedure in the governing constitution.
- Decision of the Election Commission shall be final, binding and conclusive in deciding the cases of violation of Model Code of Conduct and no appeal shall rest against the same.

IMA Local Branches in Delhi NCR for the posts 30 (l) and (n) will be considered from following IMA Branches:

State/UT	NCR as defined by Government	IMA Local Branches
Delhi	National Capital Territory of Delhi	Delhi North Zone, Dwarka, East Delhi, Janakpuri, Karol Bagh, Lady Hardinge Sadar Paharganj, New Delhi, Outer West, Rohini, South Delhi, Westtown and Central Delhi
Haryana	Bhiwani, Jhajjar, Charkhi Dadri, Faridabad, Gurgaon, Jind, Karnal, Mahendragarh, Nuh, Palwal, Panipat, Rewari, Rohtak and Sonipat	Bhiwani, Bahadurgarh, Charkhi Dadri, Faridabad, Gurgaon, Jind, Karnal, Mahendragarh, Nuh, Palwal, Panipat, Rewari, Rohtak City, Rohtak Medical College and Sonipat
Rajasthan	Alwar and Bharatpur	Alwar and Bharatpur
Uttar Pradesh	Baghpat, Bulandshahr, Gautam Buddh Nagar, Ghaziabad, Hapur, Meerut, Muzaffarnagar, Shamli, Khurja and Modinagar	Bulandshahr, Greater Noida, Ghaziabad, West Ghaziabad, Hapur, Meerut, Muzaffarnagar, Muzaffarnagar City, Shamli, Noida, Khurja and Modinagar

Any further changes/expansion of NCR by Government or addition of IMA Branches in the above areas will be reflected accordingly from time to time.



INDIAN MEDICAL ASSOCIATION (HQS.)

(Registered under the Societies Act XXI of 1860)
Mutually Affiliated with the British & Nepal Medical Associations
I.M.A. House, Indraprastha Marg, New Delhi-110 002



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Honorary Finance Secretary
Dr. Shitij Bali
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shitij.bali@yahoo.com

IMA/HSG/47/206

22-07-2024

Dr. Saurabh S. Sanjanwala
Hony. State Secretary
IMA Maharashtra State Branch

Dear Dr Saurabh Sanjanwala

This has reference to your email as under.

Inadvertently, due to typographical error, the posts of Hony. Secretary and Hony Treasurer, IMA HBI has been mentioned as “**from Mumbai**” instead of “**from Maharashtra**”.

Hence, it may be read as follows:

- Hony. Secretary, IMA HBI (from Maharashtra)
- Hony. Treasurer, IMA HBI (from Maharashtra)

Please note that this information will also be updated on the Website of Election Commission, IMA HQs.

The above communication may be communicated to the members concerned.

With kind regards,

Yours sincerely,

(Dr Anilkumar J. Nayak)
Hony. Secretary General, IMA

Copy to:

- National President, IMA
- Chief Election Commissioner, IMA