ASSOCIATION OF OCCUPATIONAL HEALTH KARNATAKA

ELECTION NOTICE

Dear Member, the Election for the year 2027-2029 is due and the following posts are to be filled up:

PRESIDENT	ONE POST
VICE PRESIDENT	TWO POSTS
HON. SECRETARY	ONE POST
HON. JOINT SECRETARY	ONE POST
HON. TREASURER	ONE POST
MEMBER - STATE COUNCIL	FIVE POSTS
MEMBER - CENTRAL COUNCIL	FIVE POSTS

I hereby call for nomination with the following guidelines to the above posts in the prescribed nomination form enclosed on or before 10-09-2026 duly **completed in all respects**, in a sealed envelope with inscriptions "Election" on the cover to the **Secretary's address given below**. **Please note:**

1. Last date for filing nomination will be 10-09-2026.
2. The last date for withdrawal is 15-09-2026.
3. Only the full/life members are eligible to contest and vote.
4. Each nomination should have consent of the candidate and signature of the proposer and the seconder.
5. All the nominations will be handed over to the **Returning Officer** appointed by the Executive Council after 15.09.2026. Returning Officer either conducts the election by secret ballot or announces the results on the day of **Annual General Body** on 20th September 2026 as per Bye-Laws, if the election is unanimous.

I would like to apply and contest for the following post of the **Association of Occupational Health Karnataka**:

PRESIDENT (1 POST)

Name: _____

Proposed by: Name: _____ Signature: _____

Seconded by: Name: _____ Signature: _____

VICE PRESIDENT 1 (1 POST)

Name: _____

Proposed by: Name: _____ Signature: _____

Seconded by: Name: _____ Signature: _____

VICE PRESIDENT 2 (1 POST)

Name: _____

Proposed by: Name: _____ Signature: _____

Seconded by: Name: _____ Signature: _____

HON. SECRETARY (1 POST)

Name: _____

Proposed by: Name: _____ Signature: _____

Seconded by: Name: _____ Signature: _____

HON. JOINT SECRETARY (1 POST)

Name: _____

Proposed by: Name: _____ Signature: _____

Seconded by: Name: _____ Signature: _____

HON. TREASURER (1 POST)

Name: _____

Proposed by: Name: _____ Signature: _____

Seconded by: Name: _____ Signature: _____

MEMBER - STATE COUNCIL (5 POSTS)

Name: _____

Proposed by: Name: _____ Signature: _____

Seconded by: Name: _____ Signature: _____

MEMBER - CENTRAL COUNCIL (5 POSTS)

Name: _____

Proposed by: Name: _____ Signature: _____

Seconded by: Name: _____ Signature: _____

Signature (of the applicant): _____

Date: _____ Place: _____

Signed

Dr. Shanthi Bhoomagoud
Honorary Secretary, Association of Occupational Health Karnataka
#205, Axis Amairo,12th Main, 5th Phase, JP Nagar
Bangalore 560078. Karnataka. India.