Maharashtra Ophthalmological Society
Nomination form for M.O.S. Election 2025

Photo

Post Applied For: -

Name of the Candidate: _____

Age: ____ **Sex:** ___ **Address:** _____

_____

Email: _____ **Mob. No.:** _____

M.O.S. Membership No.: _____ **Year of Admission as member MOS:** _____

Activities in M.O.S.

Post held		YEAR
1) ……	……..	……
2)……..	……..	……
3)……..	……..	……

MOS Conferences attended	Conference Venue	Year / Contribution (e.g. Free paper, IC)
1)……	……..	…….
2)……	……..	…….
3)……	……..	…….

Proposed by
Name of Proposer: _____

Email ID: _____ **Mob. No.:** _____ **Membership No:** _____

Signature of Proposer: _____

Seconded by
Name of Seconder: _____

Email ID: _____ **Mob. No.:** _____ **Membership No:** _____

Signature of Seconder: _____

Undertaking

I am applying for the post of_____ in M.O.S. Managing Committee for the year 2025-26
I undertake to abide by the rules as per the Constitution of M.O.S. & if elected, discharge my duties without fear or favour.

Place: _____ **Date:** _____ **Sign. of Candidate:** _____

MOS Membership No.: _____

Please Submit the Form:

Online by Email to: pritikamdar@gmail.com

And Also

Send by post to:

Dr Priti Kamdar, Dr Kamdar's Eye Clinic, Pal Residency, Above ICICI Bank
Bhandarkar Road, Matunga Central, Mumbai-400019.

Nominations to reach on or before 05:00 PM of 28th July 2025.