Maharashtra Ophthalmological Society
Nomination form for M.O.S. Election 2026

Post Applied For: _____

Name of the Candidate: _____

Age: _____ **Sex:** _____

Address:

PHOTOGRAPH

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 Conference Attended	Conference Venue	Year/Contribution (e.g. Free paper, IC)

Proposed by	Seconded by
Name: _____	Name: _____
Membership No: _____	Membership No: _____
Email ID: _____	Email ID: _____
Mob. No.: _____	Mob. No.: _____
Signature of Proposer: _____	Signature of Proposer: _____

Undertaking

I am applying for the post of _____ in M.O.S. Managing Committee for the year 2026-27. 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: _____ Sign. of Candidate: _____

Date: _____ MOS Membership No.: _____

Please Submit the Form Online by Email to moselections@gmail.com / lvaishali_53@rediffmail.com

Send by post to:
Dr Vaishali Une , Salonika, B-6,Khinvasara Nilgiris, Ulkanagri , Chhatrapati Sambhaji nagar - 431005.

Nominations to reach on or before 05:00 PM of 5th August 2026.