

Indian Association of Veterinary Pathologists (IAVP) NOMINATION FORM FOR THE ELECTION OF OFFICE BEARERS FOR THE TERM 2026-2029

Closing date for Nominations (By Email): 10/05/2026
Closing date for withdrawal of nominations: 25/05/2026

1. Name of the Post:

2. Name of the Candidate:

i) IAVP Registration Number:

ii) Address:

iii) Signature:

3. Name of First Proposer:

i) IAVP Registration Number:

ii) Address:

iii) Signature:

4. Name of Second Proposer:

i) IAVP Registration Number:

ii) Address:

iii) Signature:

5. Consent from Candidate

I hereby agree to contest for the post of _____ for
the term **2026 -2029**.

Signature of the Candidate:

Place:

Date: