

Academy of Pediatric Neurology, UP- 2026-27 ELECTION NOTICE

Elections of following post to be held as per schedule given below. The Members of the academy can fill the forms and send it to election officer, whose address is given below. The nomination form should include necessary DD in favor of “Academy of Pediatric Neurology”, payable at Aligarh.

- | | |
|---------------------------------|-----------|
| 1. Chairperson Elect 2027-28(1) | DD-2000/- |
| 2. Hony Secretary 2026-2028 (1) | DD-2000/- |
| 3. Treasurer 2026-2028 (1) | DD-1000/- |
| 4. Joint Secretary (2) | DD 500/- |
| 5. Executive Board member (8) | DD1000/- |
| 6. Vice chairperson (1) | DD 500/- |
| 7. Assistant secretaries (2) | DD 500/- |
| 8. Joint treasurer (2) | |

Chief organizing Chairperson / Chief Organizing secretary (either of the one) of “Neuropedicon 2026” will be 2nd joint secretary.

Hon. Secretary and Treasurer posts will be for 2 terms.

Election Officer

Dr. Rajeev Krishak
Gargi Nursing Home,
71A, Rishi Marg,
Shivaji Nagar,
Shahganj, Agra 282010
M.:9837098793
E-mail:

Dr Ashok Rai

Chairperson
2025 -26

Dr Anoop Kumar

Hony Secretary

Election of Academy Of Pediatric Neurology U.P.2026-27

Date of Notification	26 th September 2026
Last Date of Filling Nomination	3 rd October 2026
Scrutiny of Nomination	4 th October 2026
Last Date of Withdrawal	5 th October 2026
Election if any by ballot	10 th October – 11 th October 2026
Declaration of Election Result	11 th October 2026, 8:00PM

ELECTION OF ACADEMY OF PEDIATRIC NEUROLOGY U.P. 2026 - 27

Nomination form

Post Name :

Candidate Name :

IAP membership no. – :

Membership no. of AOPN:

Address :

Proposer Name :

Membership no. of IAP :

Membership no. of academy:

Signature

Seconder Name :

Membership no. of IAP :

Membership no. of academy:

Signature

Draft no. _____ Drawn on _____ Date _____

I hereby declare that I consent for nomination for the post; all information provided by me is true.

Date:

Place:

Name of Candidate

Signature of Candidate

Duly filled form should be submitted to the election officer whose address is given below along with identity proof (Aadhar Card/PAN Card/ Driving License)

ACADEMYOF PEDIATRIC NEUROLOGY



315937751287522@cnrb

Election Officer
Dr.Rajeev Krishak

SCAN AND PAY