

# KOA ELECTIONS 2022

**Dear Members,**

Applications are hereby invited for the following posts of Karnataka Orthopaedic Association for the year **2022 – 2023**:

1. **PRESIDENT ELECT KOA 2022 - 2023:** 1 (One) Post
2. **Executive Committee Members:** 6 (Six) Posts
3. **KOACON 2024:** South Zone

**The Applicants should apply only in the Nomination Form Attached.**

## **KOA Election Schedule:**

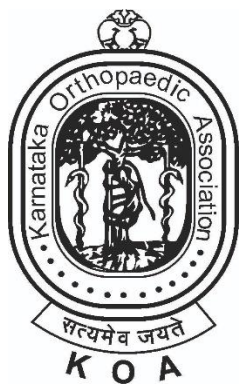
Date for sending nomination form through Newsletter/Website/Email	01 <sup>st</sup> December 2021
Last date for receipt of Nomination form by Election Officer	15 <sup>th</sup> December, 2021
Last date for withdrawal of nominations	22 <sup>nd</sup> December, 2021
Code of Conduct Ensued	23 <sup>rd</sup> December, 2021
Last date for request of Online Registration	08 <sup>th</sup> January, 2022
Start of Online voting	10 <sup>th</sup> January 2022, 09:00 AM
Last date for online voting	31 <sup>st</sup> January 2022, 05:00 PM
Counting and Final Tally	03 <sup>rd</sup> February, 2022
Announcement of Results	AGM on 05 <sup>th</sup> February, 2022

## **Important information:**

1. Only KOA Life Members are allowed to Contest / Propose or Second a contestant.
2. The District Chapters of South Zone only can apply for KOACON 2024.
3. An endorsement letter on the letterhead of the respective District Chapter has to be attached with the application.
4. Voting will be online only.
5. To enable online voting please update your Member Profile/Email ID/Mobile No. on the website [www.koaindia.org](http://www.koaindia.org).
6. **For any help in registering**, contact Web Master **Mr. Kiran - 8050386435 / Mr. Praveen Udupa - 9945038622**
7. Nomination form is to be completed and mailed in both forms (i.e., hard and soft copy) to **The Election Officer and Secretary General, KOA.**

Please address all correspondence regarding the election to:

Dr. Bharath Raju G.  
Secretary General, KOA  
No. 98, "ANJANADRI",  
3<sup>rd</sup> Main, 3<sup>rd</sup> Stage, Vinayaka Layout,  
Vijayanagara, Bengaluru – 560040  
Email ID: [drbkoasg@gmail.com](mailto:drbkoasg@gmail.com)  
Mob. No.: 9945982729



# KOA ELECTIONS 2022

**Nomination Form**  
(Photocopy can also be used)

**Name of Contestant:**  
**KOA Membership No.:**  
**Phone Number:**  
**Email ID:**  
**Signature:**

Post Applied for: (Please tick the appropriate box)

**President Elect** -

**Executive Committee Member** -

**Proposed by:**

**Seconded by:**

Name : .....

Name: .....

KOA Membership No.: .....

KOA Membership No.: .....

Signature:

Signature:

**Conference Venue - KOACON 2024: South Zone**

**Name of the District Chapter:**

**Name of the Organising Chairman:**

KOA Life Membership No.:

Signature:

**Name of the Organising Secretary:**

KOA Life Membership No.:

Signature:

## Declaration of the Contestant

I hereby agree to contest for the post of ..... of the Karnataka Orthopaedic Association / Conference Venue KOACON 2024. If elected I will serve the Association to the best of my ability. I shall not use any unfair means for my election.

Date : .....

Place : .....

Signature of Contestant/Organising Chairman

**Date:**