

Indian Desalination Association

NOMINATION FORM

(InDA Executive Committee Election for the term 2017-19)

Name of the Nominee/Applicant:

Date of Birth:

Life/Corporate/Annual Membership Number:

Professional Status: Government/Public Sector/University Central/State/R&D

Or

Private Employed/Own Business/Manufacturer/Suppliers/
Consultants/others (please specify)

Designation:

(Including name of the Organization & Address)

Address for Correspondence

(Please include active e-mail address also)

Signature of Nominee

Proposers Name:

Membership No

Signature

Seconders Name:

Membership No

Signature

DECLARATION

I am aware of the objectives and goals of Indian Desalination Association and I shall contribute to the growth, development and fulfillment of its objectives to the best of my ability and abide by the rules & regulations.

Date:

Name:

Signature of Nominee