TNAI Karnataka State Branch Election 2026
(Open Election) Nomination Form

Note: Please fill the details in **BLOCK** letters only

PHOTO

Name of the post: _____

Name of the Candidate: ----------
Designation of the candidate: _____
(Please attach the proof of designation)
TNAI No. of the Candidate: ----------

Address:	
Residence:	Official:
Mobile No.	Mobile No.
Email id (In Capital Letters):	Email Id (In Capital Letters):

Consent

1. I_____ hereby give my voluntary consent for the post of_____ TNAI Karnataka State Branch.

Declaration

1. I hereby declare that if elected I am willing to serve the Association to the best of my abilities and efforts.
2. I declare that, I am not expelled from the position of any state/UT branches, not involved in litigation with the association and not a part of any dissolved state/UT branch.
3. I also declare that I am not holding any office positions in parallel Nursing Organizations (trade unions, other associations or societies).
4. I also declare that, I am not holding the highest nursing position (Education/ Service) in the State (Government/ Regulatory/ Statutory bodies)

Signature of the contestant: _____

Place _____ **Date** _____

Particulars	**Proposer**	**Seconder**
Name:		
TNAI Number:		
Signature:		
Address:		
Mobile Number:		
Email Id (In Capital Letters):		

Note:

1. The contestant, Proposer and Seconder (all three) shall submit the self- attested photocopy of the TNAI Life Membership photo ID Card.
2. The information and signature given in the nomination sheet shall match with the TNAI records to consider as valid nominations.