ELECTION COMMISSION, I.M.A. HEADQUARTERS
I.M.A. House, Indraprastha Marg, New Delhi-110 002
Telephones: +91-11-23370009, 23378680
Email: imaelectioncommission2020@gmail.com

Chief Election Commissioner
Dr Ravi Wankhedkar
Dhule (Maharashtra)

Member
Dr Anilkumar J Nayak
Mehsana (Gujarat)

Member
Dr Brajndanand Kumar
Patna (Bihar)

Member stationed at Delhi
Dr Vinod Khetarpal
(Delhi)

IMA/EC/2020/02

August 07, 2020

To,
The members of the Central Council (Regular member, Ex-Officio Members, Office Bearers and members of the Central Working Committee), whose names have been received at IMA (HQs.) from various branches on or before 31st March 2020

Sub: Notification for the elections of 2020-2021 & 2021-2022

Dear Sir/Madam,

Nominations are invited for the following posts. The nominations duly filled as per enclosed proforma must reach the office of the Chief Election Commissioner positively on or before 5.00 p.m. on 14th September, 2020.

Nominations received after 5.00 pm. on 14th September, 2020, will be treated as invalid.

The relevant portions of the Constitution are annexed herewith.

a. National President Elect for the Year 2020-2021
National President Elect for the Year 2021-2022

b. Four National Vice Presidents Elect for the Year 2020-2021
Four National Vice Presidents Elect for the Year 2021-2022

c. Dean-IMA CGP for the Year 2020-2021
Dean-IMA CGP for the Year 2021-2022

d. Chairman-IMA AMS for the Year 2020-2021
Chairman-IMA AMS for the Year 2021-2022

e. Director-IMA Dr. AKN Sinha Institute for the Year 2020-2021
Director-IMA Dr. AKN Sinha Institute for the Year 2021-2022

f. Hony. Editor-JIMA for the Year 2020-2021
Hony. Editor-JIMA for the Year 2021-2022

g. Other Office Bearers as per printed list enclosed (2020-2022)

(2 years term)

(Dr Ravi Wankhedkar)
Chief Election Commissioner

Note-1: In case, you require any other information concerning the elections, its procedure, please feel free to write to the Chief Election Commissioner at IMA HQs. Office. If needed, Nomination form can be downloaded from the IMA HQs. website – www ima-india.org.
<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>State</th>
<th>Stationed At</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Election Commissioner</td>
<td>Dr Ravi Wankhedkar</td>
<td>Maharashtra</td>
<td>Dhule</td>
</tr>
<tr>
<td>Member</td>
<td>Dr Anilkumar J Nayak</td>
<td>Gujarat</td>
<td>Mehsana</td>
</tr>
<tr>
<td>Member</td>
<td>Dr Braj NANDAN Kumar</td>
<td>Bihar</td>
<td>Patna</td>
</tr>
<tr>
<td>Member stationed at Delhi</td>
<td>Dr Vinod Khetarpal</td>
<td>Delhi</td>
<td></td>
</tr>
</tbody>
</table>

G. Other Office Bearers (Term-Two years)

**IMA HEADQUARTERS (NEW DELHI)**
1. Hony. Secretary General
2. Hony. Finance Secretary stationed at Delhi
3. Hony. Joint Secretaries stationed at Delhi
4. Hony. Joint Secretary stationed at Calcutta
5. Hony. Joint Finance Secretary stationed at Delhi
6. Hony. Joint. Finance Secretary stationed at Calcutta

**IMA COLLEGE OF GENERAL PRACTITIONERS**
1. Vice Dean
2. Hony. Secretary (Tamil Nadu)
3. Hony. Joint Secretaries (Two from Tamil Nadu and Four from Other States)

**IMA ACADEMY OF MEDICAL SPECIALTIES (HYDERABAD, ANDHRA PRADESH)**
1. Vice Chairman
2. Hony. Secretary
3. Hony. Joint Secretaries
4. Editor (Annals)
5. Executive Editor (Annals)

**IMA AKN SINHA INSTITUTE (PATNA, BIHAR)**
1. Hony. Executive Secretary
2. Hony. Joint Secretaries

**JOURNAL OF INDIAN MEDICAL ASSOCIATION (KOLKATA, WEST BENGAL)**
1. Hony. Associate Editors
2. Hony. Secretary
3. Hony. Asstt. Secretary

**YOUR HEALTH (KOLKATA, WEST BENGAL)**
1. Hony. Editor
2. Hony. Associate Editors
3. Hony. Secretary

**APKA SWASTHYA (VARANASI, UTTAR PRADESH)**
1. Hony. Editor
2. Hony. Associate Editors
3. Hony. Secretary

**IMA HOSPITAL BOARD OF INDIA**
1. Hony. Chairman
2. Hony. Secretary (Maharashtra)
3. Treasurer (Maharashtra)
1. Name (in block letters): __________________________________________________________

2. Address: ______________________________________________________________________

3. Life Membership No. ____________________________________________________________

4. Name of Local Branch, IMA ______________________________________________________

5. Name of State Branch, IMA ______________________________________________________

6. Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)
   ______________________________________________________________________________

Proposed by: 
Dr. ___________________________________________(CC Member)  Dr. ______________________
Life Membership No. ______________________________  Life Membership No. ______________________
Local Branch: ____________________________________________  Local Branch: ______________________
State Branch: ____________________________________________  State Branch: ______________________
Signature: ____________________________________________  Signature: ______________________

Seconded by: 

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.

2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA house, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 14th September, 2020.
INDIAN MEDICAL ASSOCIATION

Nomination Form

for the Post of

National President Elect for the Year 2021-2022

1. Name (in block letters):

2. Address:

3. Life Membership No.

4. Name of Local Branch, IMA

5. Name of State Branch, IMA

6. Post(s) held as per eligibility criteria
   as per Bye-Law 43(e) (See Annexure)

Proposed by:

Dr. ________________________________ (CC Member)
Life Membership No. ________________________________
Local Branch: ________________________________
State Branch: ________________________________
Signature: ________________________________

Seconded by:

Dr. ________________________________ (CC Member)
Life Membership No. ________________________________
Local Branch: ________________________________
State Branch: ________________________________
Signature: ________________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.

2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA house, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 14th September, 2020.
INDIAN MEDICAL ASSOCIATION
Nomination Form
for the Post of
Four National Vice Presidents Elect for the Year 2020-2021

1. Name (in block letters): ____________________________________________________________
   Address: ________________________________________________________________________
   Life Member No.: ____________________ Name of Local Branch, IMA: ________________
   Name of State Branch, IMA: ________________________________________________________
   Post(s) held as per eligibility criteria as per By-law 43(e) (See Annexure)
   ______________________________________________________________________________

2. Name (in block letters): ____________________________________________________________
   Address: ________________________________________________________________________
   Life Member No.: ____________________ Name of Local Branch, IMA: ________________
   Name of State Branch, IMA: ________________________________________________________
   Post(s) held as per eligibility criteria as per By-law 43(e) (See Annexure)
   ______________________________________________________________________________

3. Name (in block letters): ____________________________________________________________
   Address: ________________________________________________________________________
   Life Member No.: ____________________ Name of Local Branch, IMA: ________________
   Name of State Branch, IMA: ________________________________________________________
   Post(s) held as per eligibility criteria as per By-law 43(e) (See Annexure)
   ______________________________________________________________________________

4. Name (in block letters): ____________________________________________________________
   Address: ________________________________________________________________________
   Life Member No.: ____________________ Name of Local Branch, IMA: ________________
   Name of State Branch, IMA: ________________________________________________________
   Post(s) held as per eligibility criteria as per By-law 43(e) (See Annexure)
   ______________________________________________________________________________

**Proposed by:**
Dr. ____________________________ (CC Member)  
Life Membership No.: ____________________  
Local Branch: ____________________________  
State Branch: ____________________________  
Signature: ______________________________

**Seconded by:**
Dr. ____________________________ (CC Member)  
Life Membership No.: ____________________  
Local Branch: ____________________________  
State Branch: ____________________________  
Signature: ______________________________

**NB:** 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
   2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 14th September, 2020.
INDIAN MEDICAL ASSOCIATION
Nomination Form
for the Post of
Four National Vice Presidents Elect for the Year 2021-2022

1. Name (in block letters): ____________________________________________

Address: ___________________________________________________________________

Life Member No.: __________________________________________________________
Name of Local Branch, IMA: ______________________________________________

Name of State Branch, IMA: ______________________________________________
Post(s) held as per eligibility criteria
as per Bye-Law 43(e) (See Annexure)

2. Name (in block letters): ____________________________________________

Address: ___________________________________________________________________

Life Member No.: __________________________________________________________
Name of Local Branch, IMA: ______________________________________________

Name of State Branch, IMA: ______________________________________________
Post(s) held as per eligibility criteria
as per Bye-Law 43(e) (See Annexure)

3. Name (in block letters): ____________________________________________

Address: ___________________________________________________________________

Life Member No.: __________________________________________________________
Name of Local Branch, IMA: ______________________________________________

Name of State Branch, IMA: ______________________________________________
Post(s) held as per eligibility criteria
as per Bye-Law 43(e) (See Annexure)

4. Name (in block letters): ____________________________________________

Address: ___________________________________________________________________

Life Member No.: __________________________________________________________
Name of Local Branch, IMA: ______________________________________________

Name of State Branch, IMA: ______________________________________________
Post(s) held as per eligibility criteria
as per Bye-Law 43(e) (See Annexure)

Proposed by: 
Dr. ________________________________ (CC Member) 
Life Membership No.: ________________________________
Local Branch: ________________________________
State Branch: ________________________________
Signature: ________________________________

Seconded by: 
Dr. ________________________________ (CC Member) 
Life Membership No.: ________________________________
Local Branch: ________________________________
State Branch: ________________________________
Signature: ________________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5:00 p.m. on 14th September, 2020.
INDIAN MEDICAL ASSOCIATION
Nomination Form
for the Post of
Dean - IMA CGP (2020-2021)

Name (in block letters):

Address:

IMA Life Membership No.

IMA CGP Life Membership No.

Name of State Faculty of IMA CGP

Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

Proposed by:

Dr. ___________________________ (CC Member)

Life Membership No.: ___________________________

Local Branch: ___________________________

State Branch: ___________________________

Signature: ___________________________

Seconded by:

Dr. ___________________________ (CC Member)

Life Membership No.: ___________________________

Local Branch: ___________________________

State Branch: ___________________________

Signature: ___________________________

---

Dean - IMA CGP (2021-2022)

Name (in block letters):

Address:

IMA Life Membership No.

IMA CGP Life Membership No.

Life Member of ___________________________ Local Branch, IMA

Name of State Faculty of IMA CGP

Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

Proposed by:

Dr. ___________________________ (CC Member)

Life Membership No.: ___________________________

Local Branch: ___________________________

State Branch: ___________________________

Signature: ___________________________

Seconded by:

Dr. ___________________________ (CC Member)

Life Membership No.: ___________________________

Local Branch: ___________________________

State Branch: ___________________________

Signature: ___________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.

2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5:00 p.m. on 14th September, 2020.
## INDIAN MEDICAL ASSOCIATION
### Nomination Form
for the Post of
Chairman - IMA AMS (2020-2021)

<table>
<thead>
<tr>
<th>Name (in block letters):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>IMA Life Membership No.</td>
<td></td>
</tr>
<tr>
<td>IMA AMS Life Membership No.</td>
<td></td>
</tr>
<tr>
<td>Name of State Chapter of IMA AMS</td>
<td></td>
</tr>
<tr>
<td>Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)</td>
<td></td>
</tr>
</tbody>
</table>

**Proposed by:**

<table>
<thead>
<tr>
<th>Dr. ______________________</th>
<th>(CC Member)</th>
<th>Dr. ______________________</th>
<th>(CC Member)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Membership No.:</td>
<td></td>
<td>Life Membership No.:</td>
<td></td>
</tr>
<tr>
<td>Local Branch:</td>
<td></td>
<td>Local Branch:</td>
<td></td>
</tr>
<tr>
<td>State Branch:</td>
<td></td>
<td>State Branch:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>

## Chairman - IMA AMS (2021-2022)

<table>
<thead>
<tr>
<th>Name (in block letters):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>IMA Life Membership No.</td>
<td></td>
</tr>
<tr>
<td>IMA AMS Life Membership No.</td>
<td></td>
</tr>
<tr>
<td>Name of State Chapter of IMA AMS</td>
<td></td>
</tr>
<tr>
<td>Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)</td>
<td></td>
</tr>
</tbody>
</table>

**Proposed by:**

<table>
<thead>
<tr>
<th>Dr. ______________________</th>
<th>(CC Member)</th>
<th>Dr. ______________________</th>
<th>(CC Member)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Membership No.:</td>
<td></td>
<td>Life Membership No.:</td>
<td></td>
</tr>
<tr>
<td>Local Branch:</td>
<td></td>
<td>Local Branch:</td>
<td></td>
</tr>
<tr>
<td>State Branch:</td>
<td></td>
<td>State Branch:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>

**NB:**
1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA House, indrapriastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 14th September, 2020.
INDIAN MEDICAL ASSOCIATION
Nomination Form
for the Post of
Director – IMA Dr. AKN Sinha Institute (2020-2021)

1. Name (in block letters):

2. Address:

3. Life Membership No.

4. Name of Local Branch, IMA

5. Name of State Branch, IMA

6. Post(s) held as per eligibility criteria
   as per Bye-Law 43(e) (See Annexure)

   Proposed by:
   Dr. ____________________________ (CC Member)
   Life Membership No.: ____________________________
   Local Branch: ____________________________
   State Branch: ____________________________
   Signature: ____________________________

   Seconded by:
   Dr. ____________________________ (CC Member)
   Life Membership No.: ____________________________
   Local Branch: ____________________________
   State Branch: ____________________________
   Signature: ____________________________

Director – IMA Dr. AKN Sinha Institute (2021-2022)

1. Name (in block letters):

2. Address:

3. Life Membership No.

4. Name of Local Branch, IMA

5. Name of State Branch, IMA

6. Post(s) held as per eligibility criteria
   as per Bye-Law 43(e) (See Annexure)

   Proposed by:
   Dr. ____________________________ (CC Member)
   Life Membership No.: ____________________________
   Local Branch: ____________________________
   State Branch: ____________________________
   Signature: ____________________________

   Seconded by:
   Dr. ____________________________ (CC Member)
   Life Membership No.: ____________________________
   Local Branch: ____________________________
   State Branch: ____________________________
   Signature: ____________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details should be sent in a closed envelope marked as “NOMINATION PAPER” to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 14th September, 2020.
INDIAN MEDICAL ASSOCIATION
Nomination Form
for the Post of
Hony. Editor – JIMA (2020-2021)

1. Name (in block letters): ____________________________

2. Address: ________________________________________

3. Life Membership No: _______________________________

4. Name of Local Branch, IMA: ______________________

5. Name of State Branch, IMA: _______________________

6. Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

   Proposed by: ____________________________
   (CC Member) ____________________________
   (CC Member)

   Seconded by: ____________________________
   Life Membership No.: _____________________

   Life Membership No.: _____________________

   Local Branch: ____________________________

   Local Branch: ____________________________

   State Branch: ____________________________

   State Branch: ____________________________

   Signature: ______________________________

   Signature: ______________________________

Hony. Editor – JIMA (2021-2022)

1. Name (in block letters): ____________________________

2. Address: ________________________________________

3. Life Membership No: _______________________________

4. Name of Local Branch, IMA: ______________________

5. Name of State Branch, IMA: _______________________

6. Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

   Proposed by: ____________________________
   (CC Member) ____________________________
   (CC Member)

   Seconded by: ____________________________
   Life Membership No.: _____________________

   Life Membership No.: _____________________

   Local Branch: ____________________________

   Local Branch: ____________________________

   State Branch: ____________________________

   State Branch: ____________________________

   Signature: ______________________________

   Signature: ______________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 14th September, 2020.
IN INDIAN MEDICAL ASSOCIATION

Nomination Form

(Common for all posts of Other Office Bearers as per list attached at Page-2
[For one term of two years i.e. 2020-2022]

For the Post of ________________________________

1. Name (in block letters): ________________________

2. Address: ______________________________________

3. Life Membership No ______________________________________

4. Name of Local Branch, IMA ________________________________

5. Name of State Branch, IMA ________________________________

6. Post(s) held as per eligibility criteria _________________________

   as per Bye-Law 43(e) (See Annexure)

   Proposed by: ________________________________ (CC Member)  

   Seconded by: ________________________________ (CC Member)  

   Life Membership No.: ________________________________  

   Local Branch: ________________________________  

   State Branch: ________________________________  

   Signature: ________________________________  

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.

2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 14th September, 2020.
INDIAN MEDICAL ASSOCIATION

Nomination Form
(Common for all posts of IMA HOSPITAL BOARD OF INDIA as per list attached at Page-2
[For one term of two years i.e. 2020-2022]

For the Post of ____________________________

1. Name (in block letters): ____________________________________________

2. Address: _________________________________________________________

3. Life Membership No.: _____________________________________________

4. Name of Local Branch, IMA: _______________________________________

5. Name of State Branch, IMA: _______________________________________

6. Name of the Hospital affiliated to HBI: _______________________________

7. Post(s) held as per eligibility criteria
   as per Bye-Law 43(e) (See Annexure)

   Proposed by: Dr. ____________________________ (CC Member)

   Seconded by: Dr. ____________________________ (CC Member)

   Life Membership No.: ____________________________

   Local Branch: ____________________________

   State Branch: ____________________________

   Signature: ____________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.

2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 14th September, 2020.
Constitutional Provisions

Bye Law 43: Election of Office Bearers

B. ELECTORAL COLLEGE
The Electoral College for all posts of IMA (HQs.) and all its wings shall be the members of the Central Council (Regular member, Ex-Officio Members, Office Bearers and members of the Central Working Committee), whose names have been received at IMA(HQs.) from various branches on or before 31st March in the year the elections are to be held (vide Rule 20-A).

C. TERM
The term of office bearer like National President-Elect, National Vice Presidents, Dean of IMA CGP, Chairman, IMA AMS, Director, IMA AKN Sinha Instt., Editor, Journal of IMA shall be one year. Two sets of such office bearers shall be elected every alternate year for the specific year.

The term of all other office bearers like Hony.Secretary General, Hony. Finance Secretary, Hony. Joint Secretaries, Hony. Joint Finance Secretary, Hony. Asstt.Secretaries of IMA HQs. and Hony. Secretaries and Hony. Joint Secretaries of various wings shall be of two years and the election shall be held every alternate year.

D. SCHEDULE OF ELECTION
Election Commission shall follow the election schedule as per amendments made in accordance with the IMA Ordinance dated 16.06.2020 as under:-

Invites nominations from amongst the Central Council Members / CWC members on or before (Notification) 14th August
Last date for receiving the nomination 14th September - 5 PM
Scrutiny of valid nominations and informing the candidates by Regd post 30th September
Submission of consent along with necessary remittance for election OR Last date of withdrawal (Note-1) 15th October - 5 PM
Dispatch of ballot papers latest by (Note - 2) 30th October
Last date of receipt of duly filled in Ballot Papers 15th December, 5 pm

In case the 15th December is a Gazetted/Postal Holiday then 5 PM of the next working day shall be the valid time to receive the ballots

Counting date to be decided by Election Commission and candidates to be informed at least 2 weeks in advance.

Note 1 Any member desiring to contest, must inform the Election Commission about his/her consent in writing on printed letter head along with a nomination fee of Rs.1,00,000/- for the post of National President Elect, Rs.50,000/- for National Vice Presidents and Honorary Secretary General, IMA and Rs. 30,000/- for all other posts or convey his/her withdrawal on or before 15th October. Non receipt of any communication/nomination fee shall be interpreted as withdrawal of the candidate.

Note 2 The envelope containing one big envelope, three smaller envelopes and three sets of Ballot papers along with the instruction sheet duly issued by the Election Commission shall be posted to all the members of the Electoral College - The number printed on the envelope shall be entered in the master list of Electoral College - which shall be used for UPC or other modes (Registered Post/Speed Post) by the Post Office of dispatch.

Note 3 In the event of non-receipt of Ballot papers by the member Electoral College the written request for duplicate ballot shall be entertained by the Election Commission on or after the 20th November and up to 10th December only. Once the request for the duplicate ballots is received and the duplicate ballot is sent, the original ballot shall be automatically invalidated.
E. ELIBIBILITY CRITERIA FOR VARIOUS POSTS

For National President and National Vice Presidents
1. Must be a Life Member of IMA for atleast 10 years
2. Should have held an office at either State or Branch or IMA Headquarters level.
3. Should have no outstanding dues in IMA
For Hony. Secretary General/ Hony. Finance Secretary/Dean, IMACGP/ Chairman, IMA-AMS and Hony. Editor, JIMA
1. Must be a Life Member of IMA for 10 years
2. Should have held an office at either State or Branch or IMA Headquarters level.
3. Should have no outstanding dues in IMA
For Chairman/Secretary/Treasurer of HBI
1. Must be a life member of IMA.
2. Should represent Hospitals with affiliation to HBI.
3. Should have no outstanding dues in IMA.
For All Other Posts
1. Must be a life member of IMA, with at least 10 years of membership of IMA
2. Must have held the office at either Branch or State level or at IMA Headquarters
3. Should have no outstanding dues in IMA

F. ELECTION PROCEDURE

1. Election Commission shall get the ballot papers printed indicating the name of (a) Post (b) the year for which the election are held (c) the ballot paper shall be signed by at least two members of the Election Commission or their nominee.
2. The ballot papers should not be numbered.
3. Three plain envelopes shall be printed without number for containing ballot papers in it. (with adequate information printed on it). One for two sets of ballot papers for the post of National President Elect, National Vice-Presidents and one for Dean-IMACGP, Chairman-IMAAMS, Hony. Editor-JIMA and Director-IMA AKN Sinha Institute. Year of election to be printed on it and the third one for all Other Office Bearers.
4. One bigger envelope shall be printed (duly numbered) with self address of Election Commission and details of sender including signature on the same.
5. Two set of ballot papers for National President elect and Vice-Presidents for each year and one set for all office-bearers shall be dispatched to the members of Electoral College by UPC/ Registered Post/Speed Post as per the scheduled date by the Election Commission. The detailed instructions for casting vote year wise putting them in respective small & bigger envelop and filling up the outer cover with signature etc. needs to be mailed to each Central Council / Central Working Committee member. It should be made clear that after casting the votes the outer envelope should be sent by registered post/speed post/courier.
6. The Ballot papers shall be received by the Election Commission or any of their nominee and the same shall be entered in a separate register date wise maintained for this purpose only and put all the envelopes in a bigger envelop and seal the same and kept in the almirah provided for this purpose.
7. On the last date of receipt of ballot papers, the Election Commission shall place and seal all the ballot papers alongwith a summary thereof and authenticated statement of receipt of ballots in a steel box duly sealed to be kept in his safe custody alongwith the list of Electoral College which has been used for posting of ballot paper.
8. While sealing this box the candidate or his observer shall be permitted to be present there.
9. The Election Commission shall decide the date of counting which shall be communicated to all the candidates two weeks in advance.
10. The scrutiners shall be appointed by the Election Commission for the purpose of counting. The counting shall be held under the overall supervision of the Election Commission.
11. The counting shall be carried out at IMA House, New Delhi and the procedure for the same shall be announced by the Chief Election Commissioner there and then alongwith his report.
12. The candidate will be allowed to observe the counting or he may depute an IMA member to be his observer in case he is not attending the counting. (information of the same has to be provided to the Election Commission well in time.)
13. During the counting any objection from any candidate or his observer will be considered by the Election Commission and will be disposed off there and then.
14. At the end of the counting the Chief Election Commissioner will compile a summary of invalid votes and shall announce the result on the same day and issue the necessary letter to all the successful candidates.
15. Neither any candidate nor any observer shall be permitted to handle any ballot paper

G. CRITERIA FOR INVALIDATION

(a) Outer Envelope
(i) Received after the last date.
(ii) Received in any envelop other than the prescribed envelop supplied by Election Commission.
(iii) Received by ordinary post or by hand.
(iv) Name, address and signature of Central Council members/CWC member not there.
(b) Inner Envelope
(i) If Inner Envelop is other than the supplied one.
(ii) Any mark of identification.
(iii) Invalidation of Ballot Paper
(iv) Any signature/mark of identification on ballot paper.
(v) If number of votes cast is more than the votes asked for.
(vi) Any cutting or over writing.

H. COUNTING OF VOTES

(i) All valid inner envelop shall be opened and the set of ballot papers be separated and put the respective ballot paper in separate basket.
(ii) Bundles of 50 ballot papers to be prepared
(iii) Counting for each post to be conducted by a separate group of scrutiner
(iv) Invalid ballot papers duly signed by the scrutiner with reason to be kept separately and the Election Commission to be informed about the same and handed over separately.
(v) Total of vote received by each candidate to be compiled and handed over to the Election Commission duly signed by the scrutiners
(vi) Result to be compiled by the Election Commission.