

Office of the Returning officer for Elections of IMA-KSHS for the year 2025-28

IMA Bhavan, Lions Club Campus, Behind Government Junior College Post-Gangavathi –583227

Dist--Koppal - Karnataka

Returning Officer

Dr.Shivakumar B Lakkol

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Ref: Elections/IMA-KSHS/03/2025-26

Date:15th September 2025

ELECTION NOTIFICATION

To,

The Members of IMA Karnataka State Health Scheme,

Dear Doctor,

Sub: Nominations to various posts of IMA-KSHS.

The office of the returning officer for elections of IMA's-**KSHS** (2025-28) invites the nominations for the following posts duly proposed and seconded by the active members of IMA's- **KSHS** with their signatures and with the consent of the candidate as per the time schedule attached.

List of Managing committee posts:

1.CHAIRMAN	1(One)
2. VICECHAIRMAN	2(Two)
3.HONORARY SECRETARY	1(One)
4.JOINT SECRETARY	3(Three)
5.HONORARYTREASURER	1(One)
6.SCRUTINIZINGOFFICER	1(One)
7.MANAGINGCOMMITTEEMEMBERS	6(Six)

The nominations may please be forwarded to the Returning officer by Speed post /Courier and should reach the office of the Returning officer on or before 14th October 2025, 5 PM, through the Speed post/Courier only(**No ordinary post and No Hand Delivery**) and the envelope shall be addressed to **THE Returning officer--IMA Bhavan, Lions Club Campus, Behind Government Junior College Post--Gangavathi –583227 District - Koppal - Karnataka** superscribed as

“Nomination for the elections of the IMA-KSHS for the year 2025-28 (Three-year term).”

Thanking You

Yours sincerely

Dr. Shivakumar B Lakkol

Returning Officer

IMPORTANT DATES

1. Last date for receiving Nominations with Acceptance 14/10/2025-5P.M.
2. Scrutiny of nominations and publication of valid list 17/10/2025-5P.M.
3. Last date for withdrawal from 18/10/2025, Till before Elections
4. Date of Election (During Annual General Body Meeting of KSHS) on 24/10/2025 at 91st MEDICON, Amar Garden, Gangavathi.

NOTE:

- [1] The Contestants for shall send the duly filled Nomination form along with the letter of acceptance/ willingness before 5 P.M. of 14thOctober 2025.
- [2] Nomination forms will be strictly scrutinized and incomplete nomination will be rejected.
- [3] No hand delivery of nomination forms.
- [4] Withdrawal forms can be delivered by hand/Courier/Speed post/E-mail.
- [5] Nomination forms can be obtained from IMA-KSHS website at <https://www.imahealthscheme.org//>OR from IMA'S-KSB Office, Bangalore OR IMA KSHS Office Gangavathi OR From IMA Focus Bulletin September 2025 Issue 12.

Office of the Returning Officer for Elections of IMA-KSHS, Gangavathi-583227

Elections For the year 2025-28

NOMINATION FORM

To:

The Returning Officer
Elections of IMA-KSHS
IMA Bhavan, Lions Club Campus, Behind Government Junior College
Gangavathi – 583227 Koppal District - Karnataka

Date:

Sir,

Sub:(1) Nominations to the post of CHAIRMAN-1, VICE-CHAIRMAN-2, SECRETARY-1, JOINT-SECRETARY-3
TREASURER-1, SCRUTINIZING Officer-1 and MEMBERS (06 posts)

A) Candidate

I, (in Block Letters) Dr. _____ Member of IMA _____
_____ Branch with IMA KSHS Membership No _____
_____ willing to contest for the post _____ for
the year 2025-28.

Signature of the Candidate: _____

B) Proposer

I, (in Block Letters) Dr. _____ Member of _____
_____ Branch with IMA KSHS Membership No _____ do hereby propose the name of
(Candidate) _____ for the post of _____
_____ for the year 2025-28.

Signature of the Proposer

Address: _____

_____ Mob.No: _____

Mail Id _____

C) Secondar

I, (in Block Letters) Dr. _____ Member of _____
_____ Branch with IMA KSHS Membership No _____ do hereby Second the name of
(Candidate) _____ for the post of _____
_____ for the year 2025-28.

Signature of the Secondar. _____

Address: _____

_____ MobNo: _____

Mail Id _____

WILLINGNESS CERTIFICATE BY THE CANDIDATE

I am willing to contest and accept the nomination proposed and seconded by Members. Name of the Candidate (in Block Letters) _____ Address: _____

_____ Mob.No _____

Mail Id _____

Date:

Place:

Signature of the Candidate