**Indian Association for Women’s Studies**

**Election to the Executive Committee (2024-2026)**

**NOMINATION FORM- Institutional Life Member Category**

We nominate the following member for the election to the Executive Committee for the period of 2024-2026 from the Institutional Life Member Constituency. Their letter of consent is attached herewith/ will be sent separately.

|  |  |  |
| --- | --- | --- |
| Name of the Institutional Nominee | Proposed By  (Head of Institution’s Name and Address) | Seconded By  (Head of Institution’s Name and Address) |
|  |  |  |
| Membership No. |  |  |
| Address |  |  |
| Mobile/  Landline |  |  |
| Email |  |  |
| Place |  |  |
| Date |  |  |

*NB: Please indicate institutional life membership number for each name noted in the form. Candidates from the institutional life member constituency have to be proposed and seconded by the institutional life members of IAWS.* *Kindly intimate the nominated institution about the nomination.*

For Membership No. please visit at our website http://iaws.co.in The membership number is also given in the first line of address on the envelope.

|  |  |
| --- | --- |
| Signed scanned copy can be sent through email to: [iawselections2023@gmail.com](mailto:iawselections2023@gmail.com) or as a hardcopy by post at the following address. | |
|  |  |

The Returning Officer, Indian Association for Women’s Studies,

**Indian Association for Women’s Studies**

**Election to the Executive Committee (2024-2026)**

**CONSENT LETTER**

**(Institutional Life Member Category)**

I do/ do not consent to my nomination to the election of the Executive Committee of the Indian Association for Women’s Studies for the period 2024-2026.

I have been nominated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and seconded by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Membership No. |  |
| Address |  |
| Mobile/ Land Line |  |
| Email |  |
| Place |  |
| Date |  |

(For Membership No. please visit our website (http://iaws.co.in) The membership number is also given in the first line of address on the envelope.

Signed scanned copy can be sent through email to: [iawselections2023@gmail.com](mailto:iawselections2023@gmail.com)

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