

**Leelabai Thackersey College of Nursing  
S.N.D.T. Women's University  
Tarangan Alumni Association**

Nominations are invited from Life Members of “Tarangan” for the post of executive committee member for the period September 2020 to September 2023.

Elections will be held for 10 posts.

Annually, four Executive Committee meetings and an Annual General Body Meeting are held at the L. T. College of Nursing, S. N. D. T. Women's University, 1, N. T. Road, Churchgate, Mumbai – 400020. It is mandatory to have 85% attendance for the meetings. If the elected members are absent for two consecutive meetings the post will be ceased. Kindly consider this point before you fill up your nomination form.

Nominations are invited on the prescribed form, which is given below. Filled nomination forms must be mailed **on the email address – [lcn@rediffmail.com](mailto:lcn@rediffmail.com). The last date for sending the nominations is 30<sup>th</sup> August 2020. The candidate may withdraw her nomination latest by 5<sup>th</sup> September 2020, by email / written intimation ONLY.** Elections will be held in the 3<sup>rd</sup> or 4<sup>th</sup> week of September, 2020 during the AGM.

**Note:** Candidate **must** be present on the day of the election and also get her Tarangan Alumni card. Alumni members have to bear own cost for attending the meetings. The Nomination form should be filled by the member herself, who is willing to stand for the elections to be an executive member of “Tarangan”.

Dr. Nancy Fernandes

President

Tarangan

## NOMINATION FORM

**Please fill the form in capital letters.**



Affix photo here

Name in Full(Surname first):

\_\_\_\_\_

Tarangana Life Membership Number: \_\_\_\_\_

Designation: \_\_\_\_\_

Qualification: \_\_\_\_\_

Office address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Office Number with STD code: \_\_\_\_\_

Residence Number with STD code: \_\_\_\_\_

Mobile number: \_\_\_\_\_

E mail id: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_

Name of Returning Officer: \_\_\_\_\_

Signature of Returning Officer: \_\_\_\_\_

Date: \_\_\_\_\_