

GMOA NOMINATION FORM
ANNUAL ELECTION 2024/2025

***Must be in block capitals and mandatory**

Chairman/Returning Officer,
GMOA Election Committee,
275/75, Professor Stanley Wijesundara Mawatha,
Colombo 07.

We propose the name of Dr.....
(GMOA membership number) for the post of

*Name of Proposer:
(GMOA membership number) Signature

*Name of Seconder:
(GMOA membership number).....Signature

CANDIDATE: I consent to my nomination to the above-mentioned post and the following particulars as required by the procedure of election prepared in terms of Clause 16(k)(ii), which to the best of my knowledge and belief, are true and accurate:

- 1) *Full Name:
- 2) GMOA Membership No:.....
- 3) Departmental designation with the present station:
- 4) Year of Qualifying:
- 5) Period of membership in the GMOA:
- 6) Previous posts held in the GMOA, if any, with dates:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.

Address and contact Telephone Numbers:
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Signature of Candidate

This table is for official use.