## Paediatric Cardiac society of India

#### **Elections for the Governing Council (2017)**

As per the decision on the general body meeting 2016, 2 persons will be elected to the governing council of PCSI this year along with 1 from paediatric cardiac anaesthesia/intensive care. The minimum eligibility criteria and rules are as follows:

- 1. Life member of PCSI for at least 5 years
- 2. The Assent Form duly proposed and Seconded by two valid members of the Society so as to reach the Head office on or before a specified date
- 3. No member shall canvas in writing or otherwise for votes in elections, solicit support, collect himself/ herself or authorise anyone to collect ballot papers. Any such and similar actions will be deemed as canvassing and shall make the candidate liable for disqualification from election.

Members of the Scrutinising Committee for PCSI election will be at least four - one Chairman, i.e. President of PCSI, Vice-president, one Convenor - General Secretary, one presiding officer from PCSI head office.

If voting is needed, voting papers with appropriate directions shall be issued to all eligible members (till July 2017) by the Head office by email.

### **Important Dates**

Last date for receipt of applications	:	September 17, 2017
Late date for withdrawal of nominations	:	September 30, 2017
Notification & Ballot papers for elections	:	October 8, 2017
Last date for voting by e-mail	:	October 22, 2017
Announcement of results	:	October 28, 2015

# PEDIATRIC CARDIAC SOCIETY OF INDIA

## Assent form for Member of Governing Council

Pediatric Cardiac Society of India Head office, Room No. 29 Department of Cardiology All India Institute of Medical Sciences New Delhi, India 110 029 Tel: 011-26594861 Fax: 011-26588663 E-mail: pcsiheadoffice@gmail.com

I hereby give my assent to be elected for the governing council of PCSI. I am willing to abide by the rules and regulations of the society. I CERTIFY THAT I MEET ALL THE MINIMUM REQUIREMENTS ESSENTIAL FOR THE POST.

Unrestricted category	-	2 no	
ICU/Anesthesia	-	1 No	
Name (in full capitals) :		•••••	 
Life membership No :		(Year)	 
Present Employment :	••••••	••••••	 •••••
Contact Address			 
Tel (Mobile)			
E-mail			

Signature of Applican	it :	Date
Proposed by:		Seconded by:
Name (in full capitals)	:	
Life membership No	:	
Present Position	:	
Signature	:	•••••