



Operational Research Society of India

39, Mahanirvan Road, Kolkata 700 029

Nomination Form for Election of the Central Council (2023 and 2024)

To
Prof. Ashok K. Mittal
Returning Officer
Operational Research Society of India
39, Mahanirvan Road
Kolkata 700029

Dear Sir,

We andnominate the following person(s) for election to the Central Council (2023 and 2024) of the Operational Research Society of India:

| | President – One Post |
|--------------------------|----------------------|
| Full Name | |
| Membership No. | |
| Mobile: | |
| E-mail Address | |
| Signature of the Nominee | |

| | Post: Vice-President | Post: Vice-President |
|--------------------------|----------------------|----------------------|
| Full Name | | |
| Membership No. | | |
| Mobile: | | |
| E-mail Address | | |
| Signature of the Nominee | | |

| | Hon. Secretary - One post | Hon. Treasurer - One post |
|--------------------------|---------------------------|---------------------------|
| Full Name | | |
| Membership No. | | |
| Mobile: | | |
| E-mail Address | | |
| Signature of the Nominee | | |

| | Members - Ten posts |
|--------------------------|---------------------|
| Full Name | |
| Membership No. | |
| Mobile: | |
| E-mail Address | |
| Signature of the Nominee | |

Signature of Proposer with Full Name

Signature of Seconder with Full Name



Operational Research Society of India

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| | Members - Ten posts | |
|--------------------------|---------------------|--|
| Full Name | | |
| Membership No. | | |
| Mobile: | | |
| E-mail Address | | |
| Signature of the Nominee | | |

| | | |
|--------------------------|--|--|
| Full Name | | |
| Membership No. | | |
| Mobile: | | |
| E-mail Address | | |
| Signature of the Nominee | | |

| | | |
|--------------------------|--|--|
| Full Name | | |
| Membership No. | | |
| Mobile: | | |
| E-mail Address | | |
| Signature of the Nominee | | |

| | | |
|--------------------------|--|--|
| Full Name | | |
| Membership No. | | |
| Mobile: | | |
| E-mail Address | | |
| Signature of the Nominee | | |

| | Proposed by | Seconded by |
|-----------------------------------------|-------------|-------------|
| Full Name | | |
| Membership No. | | |
| Mobile No. | | |
| E-mail Address | | |
| Signature of the proposer / seconder | | |
| Date | | |

Important Notes:

1. Please mention the complete postal address, mobile no. and e-mail address for each candidate. Anyone without the e-mail address will not be considered for election as it will adversely affect communication amongst the Council members.
2. The proposer and the seconder have to be members in good standing with voting right at the time of submitting the nominations, failing which the nomination paper will be considered as invalid.