



INDIAN INSTITUTE OF CERAMICS

Election of the Council for the term 2027 & 2028

NOMINATION FORM NO. 1

To be filled in by **FELLOWS** only

A. Nomination for Office Bearers :

**Consent of the Nominees
(if possible)
(Signature)**

1. President :

Name : _____ Membership No. _____

Designation/Position : _____

Address : _____

Ph. No./Mobile No. : _____

2. Vice-President :

Name : _____ Membership No. _____

Designation/Position : _____

Address : _____

Ph. No. /Mobile No. : _____

3. Hony Secretary :

Name : _____ Membership No. _____

Designation/Position : _____

Address : _____

Ph. No. /Mobile No. _____

4. Hony Joint Secretary:

Name : _____ Membership No. _____

Designation/Position : _____

Address : _____

Ph. No. /Mobile No.: _____

5. Hony Treasurer :

Name : _____ Membership No. _____

Designation/Position: _____

Address : _____

Ph. No. /Mobile No.: _____

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B. Nomination for 5 Council members representing Fellows :

**Consent of the Nominee
(if possible)
(Signature)**

1. Name : _____ Membership No. _____
Designation/Position : _____
Address : _____
Ph. No./Mobile No. : _____

2. Name : _____ Membership No. _____
Designation/Position : _____
Address : _____
Ph. No. /Mobile No. : _____

3. Name : _____ Membership No. _____
Designation/Position : _____
Address : _____
Ph. No. /Mobile No. : _____

4. Name : _____ Membership No. _____
Designation/Position : _____
Address : _____
Ph. No. /Mobile No. : _____

5. Name : _____ Membership No. _____
Designation/Position : _____
Address : _____
Ph. No. /Mobile No.: _____

Name of the Proposer _____ Membership No. _____
Date : _____ Signature _____

N.B. : (i) Membership Number is given just top of each name in the Membership Compendium.

(ii) All papers relating to the election viz. Nomination forms, Consent/Withdrawal forms, Ballot papers etc. are to be sent to the following address :

**Prof. Rituparna Sen, F.I.I.Ceram.
President
Indian Institute of Ceramics
Care: Central Glass & Ceramic Research Institute
196, Raja S.C. Mullick Road
P.O. Jadavpur, Kolkata — 700 032**