## INDIAN WATER WORKS ASSOCIATION FORM FOR NOMINATION OF OFFICE BEARER/CO-OPTED MEMBERS OF COM **FOR THE PERIOD 2025 - 2027**

To, The Returning Officer, Indian Water Works Association, C-52 Dev Nagar, Tonk Road, JAIPUR 302018

Sir,				
Ι	with membership number	LF/	LM wish to contest	
election for the perio	od 2025-2027 for the position of Ho	on. General Se	cretary/Joint Secretary/	
Secretary Finance/E	Editor General/ Director (Administra	ation)/ Director	(International)/ Director	
(Technical)/ Director	r (Utility)/ Director (Youth Forum)/ 0	Co-opted COM	member (Strike out whichever is	
not applicable).				
I am attaching herev	with my brief Bio Data for the consi	deration of vot	ers.	
Signature: Name: Address: Mobile number: Date:		Membership Number: Email id:		
We recommend the Membership No For the post of	name of Mr./Mrs./Smt./Dr./Prof./Er 	r		
Signature: 1. (Name) Address: Mobile no.: Date:	Meml Email			
Signature 2.(Name): Address: Mobile no. Date:	Meml	Membership No Email id:		
Recommended by:	:			
Name of Centre:				
Signature:		_ (Chairman/He	on. Secretary of the Centre)	
Place:		Date:		
Please ensure that	the completed form reaches the	e Returnina O	fficer. IWWA at 'C-52 Dev	

nagar, Tonk Road, Jaipur 302018 in hard copy and by email to 'returning officer.iwwa@gmail.com' on or before 2<sup>nd</sup> December 2024 (up to 17.00 hrs.) The nominations received after due date shall not be considered.