# INDIAN MEDICAL ASSOCIATION (Regd)

**Bangalore Branch**

IMA House, Near IMA Circle, Alur Venkata Rao Road
Chamarajpet, Bangalore -560018 Phone: 080-26702927**. Mob: 8296222549**
**E-Mail: cpetimabangalore@gmail.com**


Date: **14.08.2026**

## Annual General Body Meeting and Election notice

## Venue: IMA Narasimha char Auditorium, IMA House, AV Road, Bangalore -560018

Annual General body Meeting of Members of IMA Bangalore Branch is scheduled on **26.09.2026** at IMA Bangalore Branch, IMA House Bangalore
The Meeting is scheduled from **4.00** PM onwards with the following agenda as follows. **AGENDA**

1. Welcome by the President
2. Reading of the meeting notice
3. Condolences (if any)
4. Secretary Report for the year 2025-2026 and adoption of the same.
5. Treasurer report for the year 2025-2026 and adoption of the same.
6. Election of the office Bearers for the year 2026-27.
   a. President
   b. Vice- President
   c. Secretary
   d. Joint. Secretary
   e. Treasurer
   f. Members of the Executive Committee (2026-27)
   g. Members of the State Council (2026-27)
   h. Members of the Central Council (2026-27)
7. Appointment of the Auditor
8. Resolutions if any
9. Any other subject with the permission of the chair.
10. Vote of thanks

As annual election is a part of annual General body meeting it is also scheduled on the date **26.09.2026** as follows.

**Election to various posts as follows**.

| | | |
|---|---|---|
| a. | President | 01 |
| b. | Vice-Presidents | 02 |
| c. | Honorary Secretary | 01 |
| d. | Joint. Secretary | 01 |
| e. | Treasurer | 01 |
| f. | Members of the Executive Committee | 12 |
| g. | State Council Members | 147 |
| h. | Central council Members | 74 |

**Election timing**: 9.00am to 4.00pm

Nomination to these posts to be submitted to the Returning officer

The Returning Officer
IMA Bangalore Branch,
IMA House,
Alur Venkata Rao Road,
Bengaluru – 560018

The nomination form to be submitted in a prescribed format available in the IMA Bangalore Branch office, it has to be proposed and seconded by IMA Bangalore Branch life members only. The Prescribed fee to be paid along with the nomination form separately for each post either by cheque or DD in the favour of IMA, BANGALORE BRANCH. Once the prescribed fees is deposited it will be forfeited . Those who withdraw their nomination papers,money will not be refunded.

A. President – Rs. 2000/-
B. Vice President –Rs. 1000/-
C. Secretary/ Joint. Secretary—Rs. 1000/-
D. Treasurer – Rs. 1000/-
E. EC Member --Rs. 500/-
F. State Council & Central Council members – NO FEE

**Calendar of events**:

Nomination form will be issued from: **17/08/2026 at 4.00 pm**
Last date for submission of nomination: **24/08/2026 at 4.00 pm**
List of eligible candidates will be announced on: **01/09/2026 at 4.00pm**
Last date for withdrawal of nomination till: **26/09/2026**
Final list of candidates will be announced **on 26/09/2026**
Date of election: 26/09**/2026 at 9.00am to 4.00pm**

**Counting of Ballot paper & announcement the result after 6.00 PM of 26/09/2026**

**Note:** Nomination form can be submitted to IMA Bangalore Branch office personally or by registered post addressed to Returning officer, reaching before **4.00PM on 24/08/2026**

S/d
Dr.Bharath Raju G
President

S/d
Dr.Pradeep Kumar K N
Hon. Secretary

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**NOMINATION FORM FOR THE POST OF ----------FOR THE YEAR 2026-27**

**PROPOSER**

**I, DR. ----------, LM NO: ----------**

**PROPOSE DR. ----------LM NO: ----------**

**FOR THE POST OF ----------**

**MOBILE NO:** **SIGNATURE**

**Email:**

**Permanent address:**

**SECONDER**

**I, DR. ----------, LM NO: ----------**

**SECOND DR. ----------LM NO: ----------**

**FOR THE POST OF ----------**

MOBILE NO: **SIGNATURE**

**Email:**

**Permanent address:**

ACCEPTANCE

**I, DR. ----------, LM NO: ----------**

**ADDRESS: ---------- MOBILE NO: ---------- EMAIL: ----------**

**CONSENT AND REQUEST YOU FOR NOMINATION FOR THE POST OF ----------**

DATE: **SIGNATURE**

**PLACE:**

**PAYMENT DETAILS**

**CHQ /DD NO: ---------- DT ----------FOR RS. ----------DRAWN-**

**--ON ----------BANK, ----------BRANCH ENCLOSED.**