

# ACADEMY OF PEDIATRICS UTTAR PRADESH (AOP UP)

## Notice for Election

Date: 20<sup>th</sup> August 2025

Nominations are invited for filling up the following vacancies of the Office Bearers and the members of the Executive Board of the Academy of Pediatrics Uttar Pradesh (AOP UP) for the year 2026 from amongst the Fellow, Life and Ordinary members of the society.

Post	No of vacancies	Office Term	Nomination Fee (Rs)
President Elect	One	One year	5000.00
Vice President	One	One year	4000.00
General Secretary	None		
Joint Secretary-I	One	One year	3000.00
Joint Secretary-II (Reserved for the Chief Organizing Secretary of the UP PEDICON 2026)	One	One year	3000.00
Executive Board Member	Ten	One year	2000.00

Only Eligible Life and Ordinary Members of the society (Both at National and UP Chapter level) who have paid their annual subscription for the current year shall be eligible to offer themselves as candidates for election or to propose or second the candidature of any member or to participate in voting at election. Members should see that their subscription is first paid up before they offer themselves as candidates or propose or second the candidature of any members as the case maybe.

### Eligibility:-

A) FOR THE POST OF EXECUTIVE BOARD (EB) : should have been a member of state & central IAP for Five (5) complete years as on before 1st of January 2026 .

B) Joint Secretary | | ( conference )- will be reserved by default for the Organizing Secretary of Upcoming UPPEDICON . If there are more than two organizing secretaries than only one whose name is proposed by organizing committee will hold this post . If organizing committee has post of chief organizing secretary then he will be nominated to this post .

C) Joint Secretary | should have been a member of state & central IAP for Eight (8) complete years consecutively as on or before 01st January 2025 and served on the Executive Board for two (2) complete terms .

D) Treasurer should have been a member of state & central IAP for Eight (8) years consecutively as on before 1st January and should have served on the Executive Board for at least Two (2) complete terms before contesting for the post of Treasurer .

E) Secretary General should have been a member of state & central IAP for Ten (10) years consecutively as on before 1st January and should have served on the Executive Board for at least Three (3) complete terms before contesting for the post of Secretary General .

F) Vice-President should have been a member of state & central IAP for Twelve (12) years consecutively as on before 1st January and should have served on the Executive Board for at least Four (4) complete years before contesting for the post of Vice President .

G) President Elect should have been a member of state & central IAP for Fifteen (15) years consecutively as on before 1st January and should have served on the Executive Board for at least Five (5) complete terms before contesting for the post of President Elect [ out of these Three (3) terms should be as Office Bearer ]Nomination Form: (Attached) the nominees must

- Fill in the prescribed nomination form completely. Incomplete or inaccurate nominations will not be valid.
- Candidates, Proposers and seconders in as of nominations form should submit a self- attested photocopy

of a valid identity proof (PAN card, Valid Passport, Driving license, IAP Identity card, Aadhaar card, Voter ID Card) along with nomination form

**Nomination fee:** "THE NOMINATION FEE IS NON-REFUNDABLE". Nomination fee should be paid by NEFT/RTGS Transactions only. Bank Details are given below. Kindly send receipt of transaction along with nomination form and email to **officeupiap@gmail.com**.

**Bank details**

**"ACADEMY OF PEDIATRICS, UTTAR PRADESH" AXISBANK,  
FOOTBALL CHOWK, MEERUT, (UP) PINCODE 250001  
A/C NO 916010083448147 IFSC CODE – UTIB0002931**

**Last date of receiving nomination papers:** Nomination papers should reach at the address given below before or on Friday 20<sup>th</sup> September 2025 before 6:00 p.m. No hand delivered documents, whatsoever will be accepted. Scan copy of 1<sup>st</sup> Page of nomination form should also be posted on WhatsApp no. 9837017741

**Important Instructions:**

- No changes or corrections will be permitted after the nomination form reaches CEO office.
- If multiple forms are sent for the same post, one correct form will be accepted.
- A member can be nominated for more than one post but will have to withdraw in writing from all other posts except one post, before the last day of withdrawal, failing which the nominations for all posts filed by the member will stand cancelled.
- The nomination papers will be scrutinized by AOP UP Election Commission for its validity.
- The address should be as recorded in Central IAP and AOP UP.
- Nominations send elsewhere including AOP UP office will be treated as invalid.
- All correspondence /enquires/queries should be addressed to Chief Election Officer  
Dr Shalabh Kumar

The candidates are requested to give the following declaration on the nomination form:

***"I hereby declare that I consent to this nomination and that the information given herein above is true and correct to best of my knowledge and belief."***

**Election schedule:** AOP UP Elections Schedule for the year 2025 is as follows:

Last date for receiving nomination form	Friday 20 <sup>th</sup> September 2025
Last date for Scrutinizing of nomination	Friday 27 <sup>th</sup> September 2025
Last date for withdrawing nomination	Monday 30 <sup>th</sup> September 2025
Publication of the list of eligible candidates and declaration of E-Voting Schedule (If required)	Thursday 3 <sup>rd</sup> October 2025

**Postal Address:** The nomination form in hardcopy along with the nomination fee transaction receipt should be sent by speed post only to

**Surabhi (Mother & Child Care)**  
Kanth Road, Moradabad – 244001  
Mob No. 9837017741  
E mail – [drshalabh@hotmail.com](mailto:drshalabh@hotmail.com)

**Returning officer, Election office**  
Dr Shalabh Kumar MD, FIAP  
Consultant Pediatrics

# NOMINATION FORM AOPUP "2025-26"

(PLEASE READ INSTRUCTIONS & FILL-UP THE FORM IN BLOCK LETTERS)

Name of the Office for which the Candidate is Nominated.....

Name of the Candidate (in full).....

Candidate's Address (as per proof with AOP UP) .....

District.....

State..... PIN.....

Photograph of Candidate

AOP UP Membership No.of the Candidate.....

Member since.....

Central Membership No.of the Candidate.....

Member since.....

Telephones (STD Code.....) (Office)..... (Residence).....

Mobile..... Email.....

Offices held by the candidate in AOP UP in Year(s).....

Positions held as of last wo years till date.....

*(As a proof of executive office services, attach (any one) AOPUP election result publication, e-certificate, executive board meeting notices etc. given by general secretary of the concern year.)*

Name of the Proposer (in full) .....

Proposer's Address (as in AOPUP) .....

AOPUP Membership No. of the Proposer.....

Central IAP Membership No. of the Proposer.....

Telephones (STD Code.....) (Office).....(Residence).....

Mobile..... Email.....

Photograph of Proposer

Proposer's Signature & Date.....

Name of the Seconder (in Full) .....  
Seconder's Address (as with AOPUP) .....  
.....  
AOPUPP Membership No. of the Seconder.....  
Central IAP Membership No. of the Seconder.....  
(STD Code.....) (Office)..... (Residence).....  
Mobile.....Email.....



Photograph of Seconder

Seconder's Signature & Date.....

## DECLARATION BY THE CANDIDATE

"I hereby declare that I consent for nomination for the post as mentioned above. All information provided by me are true and correct to best of my knowledge and belief. Nothing has been hidden deliberately. I shall abide by rule and regulations as per constitution of UPIAP. I understand that Election Commission has provided adequate information. In case of any discrepancy rules and regulations of the constitution of UPIAP shall apply. All my Official involvement/positions held as of Previous years till today with AOP UP are mentioned above.

Name of Candidate:  
Place:

Signature:  
Date:

### INSTRUCTIONS

1. Please make sure about eligibility for the applied post and eligibility/validity of proposer and seconder.
2. A member shall be ineligible for contesting more than one post finally after withdrawing from other posts for which nominations have been filed, if any.
3. Fill complete form in Capital Letters. Incomplete & inaccurate forms will be rejected.
4. Read carefully all the details given in election notice before filling the form.
5. Make sure all particulars given are true, correct and as per record of IAP office. 6. Others as per requirement.

### CHECKLIST OF ENCLOSURES

1. Completely filled Nomination Form.
2. Passport size photograph of the candidate signed on the reverse.
3. Self-Attested copy of the ID proof.
4. Transection Receipt of NEFT/RTGS of nomination fee payable to "Academy of Pediatrics, Uttar Pradesh" payable at Meerut.
5. Proposer ID Proof & Passport size Photograph (self attested).
6. Seconder ID Proof & Passport size Photograph (self attested).



QR Code for Payment

Returning officer, Election office  
**Dr Shalabh Kumar MD, FIAP**  
Consultant Pediatrics Surabhi (Mother & Child Care)  
Kanth Road, Moradabad – 244001  
Mob No. 9837017741, E mail – [drshalabh@hotmail.com](mailto:drshalabh@hotmail.com)