

**** INDIAN ASSOCIATION OF EQUINE PRACTITIONERS ****

**** C/o. R.W.I.T.C.Ltd, 6, Arjun Marg, Pune-411 001 ****

**** Tel 020-26331079 ****

NOMINATION FORM

As per circular for the AGM of 2019 of the **Indian Association of Equine Practitioners**, I wish to serve on the Executive Committee.

NAME :- _____

This nomination is **Proposed** by : - **NAME :-** _____

This nomination is **Seconded** by : - **NAME :-** _____

Please note that the Proposer and Seconder have to be active members of the Association, with no outstanding dues.