

Office of the Returning officer for Elections of IMA-KSSS for the year 2025-28

2nd Floor, IMA House, Bailappanavar Nagar, Hubballi

Returning Officer

Dr. Honnegowda

M-9448118299 E-mail: tellhonegowda@gmail.com

Ref: Elections/IMA-KSSS/ 2686 /2022-25

Date: 17/09/2025

IMA KSSS ELECTION NOTIFICATION (2025-28)

To:

**The Members of IMA Karnataka Social Security Scheme,
Hubballi.**

Dear Member,

Sub: Nominations to various posts of IMA-KSSS.

The office of the returning officer for elections of IMA's-KSSS (2025-28) invites the nominations for the following posts duly proposed and seconded by the active members of IMA's-KSSS with consent of the candidate as per the time schedule attached.

List of Managing committee posts:

- | | |
|-------------------------|---------------|
| 1. CHAIRMAN | 1 (ONE) |
| 2. FIRST VICE CHAIRMAN | 1 (ONE) |
| 3. SECOND VICE CHAIRMAN | 1 (ONE) |
| 4. SECRETARY | 1 (ONE) |
| 5. JOINT SECRETARY | 2 (TWO) |
| 6. TREASURER | 1 (ONE) |
| 7. MEMBERS | 14 (FOURTEEN) |

The nominations may please be forwarded to the Returning officer by registered post /Courier and should reach the office of the Returning officer on or before 15th October 2025 and the envelop shall be addressed to ,**"The Returning officer , IMA-Karnataka State Social Security Scheme ,2nd Floor, IMA House, Bailappanavar Nagar, Hubballi-29"** super scribed as **"Nomination for the elections of the IMA-KSSS for the year 2025-28 (Three year term)."**

Thanking You

Yours sincerely

Dr. Honnegowda

Returning Officer

IMPORTANT DATES:

1. Last date for receiving Nominations with Acceptance : 15/10/ 2025 -5 P.M.
2. Scrutiny of nominations and publication of valid list : 18/10/2025 -5 P.M.
3. Last date for withdrawal : from 19/10/2025 onwards till before day of Elections
4. Date of Election(During Annual General Body Meeting of KSSS) : 24/10/ 2025

- NOTE: [1] The Contestants for the post of Chairman, First & Second Vice Chairman, Secretary, Treasurer and two Joint Secretaries of managing committee shall send Rs.1000/- by D.D. along with letter of acceptance / willingness before 5 P.M. of 15th October 2025.
- [2] The Contestants for the post of Member of managing committee shall send Rs.500/- D.D. along with letter of acceptance / willingness before 5 P.M. of 15th October 2025.
- [3] D.D. shall be drawn in favor of 'IMA-KSSS' payable at Hubballi.
- [4] Nomination forms will be strictly scrutinized and incomplete nomination will be rejected.
- [5] No hand delivery of nomination forms.
- [6] Withdrawal forms can be delivered by hand / Courier / registered post/E-mail to imaksshbl@gmail.com
- [7] Nomination forms can be obtained from Annual Report of IMA's-KSSS -2024-25 **OR** from IMA'S-KSSS website at www.imaksshbl.org **OR** from IMA'S-KSSS Office **OR** from IMA Focus September issue.

IMA's Karnataka Social Security Scheme
Office of the Returning officer for Elections of IMA-KSSS for the year 2025-28
2nd Floor, IMA House, Bailappanavarnagar, Hubli - 580 029

NOMINATION FORM

To:

Date.....

The Returning Officer,
2nd Floor, IMA'S-KSSS, IMA House,
Bailappanavar Nagar, Hubballi-29.

Respected Sir,

Sub: (1) Nominations to the post of CHAIRMAN, FIRST VICE CHAIRMAN, SECOND VICE
CHAIRMAN, SECRETARY, JOINT SECRETARY (2 posts), TREASURER and MEMBERS (14 posts)

Proposed by:

I Dr. Member of IMABranch
with IMA-KSSS number propose the Name of Dr.
for the post of for the year 2025-28.

Signature of the proposer..... Name (in Block Letters) Dr.....

Address:

.....
.....

Second by:

SignatureName (in Block Letters) Dr..... IMA-KSSS number.....

Address:

.....

I Dr.....with IMA-KSSS No.....is willing to contest for the post of

.....

Signature of the Candidate:Name (in Block Letters) Dr.....

Address:

.....

..... Ph:No (STD Code).....

[R].....[H]..... Mob: Email:

WILLINGNESS CERTIFICATE BY THE CANDIDATE

I am willing to contest and accept the nomination proposed by member and enclose the D.D. for
Rs...../- bearing No.....Dated.....ofBank.

Name of the Candidate Dr.....

Address:

.....

.....

Date:

Place:

Signature of the Candidate