**Nomination Form**

I, Dr/Mr/Ms ------------------------------------------------- Membership No.----------------hereby nominate Dr/Mr/Ms ------------------------------------------------- ----------------Membership No.---------------- for the post of ----------------------------------------- in the governing Council of Indian Society of Hospital Waste Management.

Signatures

Name

Address

Phone No.

Email:

**Consent Form**

I, Dr/Mr/Ms ------------------------------------------------- Membership No.----------------hereby convey my consent to be nominated for post of ------------------------------ in the governing Council of Indian Society of Hospital Waste Management.

Signatures

Name

Address:

Phone No.

Email: