Pediatric Simulation Training and Research Society, India

E-103, DSR Fortune Prime, Durgam Cheruvu, Madhapur, Hyderabad, Telangana 500 081
pedistars@gmail.com | www.pedistarsindia.com

PEDISTARS INDIA
NOMINATION FORM

Please send the soft copy of the Nomination Form and relevant documents by email to: email id on or before 10th August 2026, 5:00 PM
Fill the form in CAPITAL LETTERS (Scanned copy should be legible and clear)

PHOTO

(With sign on photo)

Candidate Details
Name of the Candidate: _____

Post Applied For: _____

Previous Positions Held in PEDISTARS

Position Held	Year
1.	
2.	
3.	
4.	

Membership Details
PEDISTARS Membership No: _____
Associated National/International Society Membership (if any): _____

Professional Details
Current Designation & Institution: _____

_____

Address (Include City, State & Pin Code): _____

_____

Mobile: _____

Email:_____

Details of ID Proof Submitted (Self-attested copy attached): _____

Signature of Candidate: _____ Date: _____

Pediatric Simulation Training and Research Society, India

PEDIATRIC SIMULATION TRAINING AND RESEARCH SOCIETY

E-103, DSR Fortune Prime, Durgam Cheruvu, Madhapur, Hyderabad, Telangana 500 081
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Details of Proposer

Proposed By (Name): _____

PEDISTARS Membership No: _____

Designation & Institution: _____

Address: _____

_____

Phone & Email: _____

Details of ID Proof Submitted (Self-attested copy attached): _____

Signature of Proposer: _____

Date: _____

Details of Seconder

Seconded By (Name): _____

PEDISTARS Membership No: _____

Designation & Institution: _____

Address: _____

_____

Phone & Email: _____

Details of ID Proof Submitted (Self-attested copy attached): _____

Signature of Seconder: _____

Date: _____

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Documents to be attached

- Proof of PEDISTARS membership
- Short profile / biodata
- Self-attested ID proof of all three
- Proof of Nomination fee:

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I agree to abide by the Constitution, Rules and Election Guidelines of PediSTARS.

Signature of Candidate: _____

Date: _____

For Office Use Only

Item	Status
Nomination Form Received	Yes / No
Membership Verified	Yes / No
Eligibility Verified	Yes / No
Nomination Fee Received	Yes / No

Remarks: _____

_____

Chief Returning Officer Signature: _____

Date: _____