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**SAEINDIANOMINATION FORM**

**ELECTION OF OPEN CATEGORY MEMBERS OF SAEINDIA MANAGING COMMITTEE FOR 2022-2024**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Details** | **Name** | **Member No.** | **Designation** | **Co./Inst name / address** | **Signature** **Mandatory** |
| **Nominee** |  |  |  |  | **Not required here but required to consent** |
| **Proposer** |  |  |  |  |  |
| **Seconder 1** |  |  |  |  |  |
| **Seconder 2** |  |  |  |  |  |
| **Consent of the Nominee:**  I consent to be a Member of the Managing Committee of SAEINDIA, if elected. Signature of the Nominee Date:                                                                             **Mandatory**  |
| Name and Signature of Section MC Member / SAEINDIA MC Member: **Mandatory** |

* The proposer is requested to obtain the following details from the nominee. These are mandatory fields

|  |  |
| --- | --- |
| **Areas of interest (Please tick)** | **Details to be furnished in brief (in not more than 250 words OR in an attached A4 size paper)** **(a) a short bio that shows connection to the Mobility Industry; (b) info about candidate’s previous involvement with SAE International / SAEINDIA;** **(c) how the candidate will contribute to SAEINDIA’s activities and growth.** |
| 1.Member Improvement (Industry/Academia)2. Student member improvement (Collegiate clubs)3.School children improvement (AWIM) |  |

* Hard/Soft copies of Recent Passport size photograph of the Nominee to be enclosed - **mandatory**.

 **Hard copy of the Nomination form should reach the Election and Returning officer before 5 PM on 17th Nov 2022 to the address furnished below:**

To

**Dr.P.A.Lakshminarayanan ,** Election and Returning Officer, ***SAEINDIA,*** #1/17Ceebros Arcade, 3rd Cross, Kasturba Nagar, Chennai – 600 020.

Email id: electionofficer@saeindia.org

**Rear side is for Office Use only**

**FOR OFFICE USE ONLY**

|  |  |  |
| --- | --- | --- |
|  Received on ( date ) at AM / PM | Accepted Yes / No | Initial |
| No | Persons | Member .No | Name | Valid Upto | Accepted Yes / No |  |
| 1 | Nominee |  |  |  | Accepted Yes / No |  |
| 2. | Proposer |  |  |  | Accepted Yes / No |  |
| 3. | Seconder (1) |  |  |  | Accepted Yes / No |  |
| 4. | Seconder (2) |  |  |  | Accepted Yes / No |  |
| Verified and found to be in order / not in orderDate: |  Signature of Dr. P.A. LakshminarayananElection & Returning OfficerSAEINDIA |