

Date: 13 September 2026

Election Notification

Dear Members,

Greetings from the Indian Society of Blood Transfusion and Immunohematology (ISBTI)- Gujarat Chapter.

This is to hereby notify all members that the elections for the forthcoming term of the Executive Committee and Office Bearers of ISBTI will be conducted as per the provisions of the Society's Constitution and approved election procedures.

Nominations are invited for elections to the following posts of office-bearers of Indian Society of Blood Transfusion & Immunohematology (ISBTI-Gujarat Chapter).

	Name of Post	Number of posts
1.	President	One
2.	Vice President	Three
3.	Secretary	One
4.	Joint secretary	One
5.	Treasurer	One
6.	Joint Treasurer	One
7.	Executive Committee Member	Two

Schedule:

Date of Notification	13/09/2026
Last date for receipt of nominations	19/09/2026, 5:00 pm
Last date for withdrawal of Nominations	23/09/2026, 5:00 pm
Declaration of results of various posts if elected unopposed	24/09/2026
Date of Elections	13/10/2026

Nomination form is attached herewith. The nomination forms duly filled should be sent to the Returning Officer at the following Address.

**Dr. Tarak Patel, B-13,
Akash-2 Flats,
Behind Ahmedabad one mall,
Sarkari Vasahat Road,
Vastrapur
Ahmedabad- 380054.**

Warm Regards,

Dr Tarak Patel
Returning Officer, ISBTI Gujarat Chapter

**ISBTI GUJARAT CHAPTER
EXECUTIVE COMMITTEE ELECTION
(2026 – 2029)**

NOMINATION FORM

Name of candidate: _____
Membership Number: _____
Position nominated for: _____

Proposer Name: _____ _____ Membership No: _____ Address: _____ _____ Email: _____ Mobile: _____ Signature	Secondar Name: _____ _____ Membership No: _____ Address: _____ _____ Email: _____ Mobile: _____ Signature
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Consent of Candidate

I, _____ Son /Wife
/Daughter of _____ am Life member of
ISBTI since ____/____/____ and hereby agree to my nomination for the post of
_____ of the Governing Body of ISBTI Gujarat
Chapter. I will fulfill all my responsibilities as per the constitution of ISBTI.

Signature: _____

Name: _____

E mail: _____ Mobile: _____

Life Membership No: _____

Address: _____

Date: _____