To,

The members of the Central Council (Regular members, Ex-Officio Members, Office Bearers and members of the Central Working Committee), whose names have been received at IMA (HQs.) from various branches on or before 31st March 2016

Sub: Notification for the IMA elections for the years 2016-2017 & 2017-2018

Dear Sir/Madam,

Nominations are invited for the following posts. The nominations duly filled as per enclosed proforma must reach the office of the Chief Election Commissioner positively on or before 5.00 p.m. on 1st August, 2016.

Nominations received after 5.00 pm. on 1st August, 2016 will be treated as invalid.

The relevant portions of the Constitution are annexed herewith.

a. National President Elect for the Year 2016-2017
   National President Elect for the Year 2017-2018
   (one year term)

b. Four National Vice Presidents Elect for the Year 2016-2017
   Four National Vice Presidents Elect for the Year 2017-2018
   (one year term)

c. Dean-IMA CGP for the Year 2016-2017
   Dean-IMA CGP for the Year 2017-2018
   (one year term)

d. Chairman-IMA AMS for the Year 2016-2017
   Chairman-IMA AMS for the Year 2017-2018
   (one year term)

e. Director-IMA Dr. AKN Sinha Institute for the Year 2016-2017
   Director-IMA Dr. AKN Sinha Institute for the Year 2017-2018
   (one year term)

f. Hony. Editor-JIMA for the Year 2016-2017
   Hony. Editor-JIMA for the Year 2017-2018
   (one year term)

g. Other Office Bearers as per printed list enclosed (2016-2018)
   (two years term)


[Signature]
(Dr Sahajanand Pd Singh)
Chief Election Commissioner

Note-1: In case, you require any other information concerning the elections, its procedure, please feel free to write to the Chief Election Commissioner at IMA HQs. Office. If needed, photocopy of Nomination form can be used, or the same can be downloaded from the IMA HQs. website – www.ima-india.org.
<table>
<thead>
<tr>
<th>IMA HEADQUARTERS (NEW DELHI)</th>
<th>NO. OF POST(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hony. Secretary General</td>
<td>1</td>
</tr>
<tr>
<td>2. Hony. Finance Secretary</td>
<td>1</td>
</tr>
<tr>
<td>3. Hony. Joint Secretaries stationed at Delhi</td>
<td>3</td>
</tr>
<tr>
<td>4. Hony. Joint Secretary stationed at Calcutta</td>
<td>1</td>
</tr>
<tr>
<td>5. Hony. Joint Finance Secretary stationed at Delhi</td>
<td>1</td>
</tr>
<tr>
<td>6. Hony. Joint. Finance Secretary stationed at Calcutta</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IMA COLLEGE OF GENERAL PRACTITIONERS (CHENNAI, TAMIL NADU)</th>
<th>NO. OF POST(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hony. Secretary</td>
<td>1</td>
</tr>
<tr>
<td>3. Governing Council Members</td>
<td></td>
</tr>
<tr>
<td>- from among C.G.P. Members</td>
<td>5</td>
</tr>
<tr>
<td>- from among C.C. Members</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IMA ACADEMY OF MEDICAL SPECIALTIES (HYDERABAD, TELANGANA)</th>
<th>NO. OF POST(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vice Chairman</td>
<td>1</td>
</tr>
<tr>
<td>2. Hony. Secretary</td>
<td>1</td>
</tr>
<tr>
<td>3. Hony. Joint Secretaries</td>
<td>2</td>
</tr>
<tr>
<td>4. Editor (Annals)</td>
<td>1</td>
</tr>
<tr>
<td>5. Executive Editor (Annals)</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IMA AKN SINHA INSTITUTE (PATNA, BIHAR)</th>
<th>NO. OF POST(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hony. Executive Secretary</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JOURNAL OF INDIAN MEDICAL ASSOCIATION (KOLKATA, WEST BENGAL)</th>
<th>NO. OF POST(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hony. Associate Editors</td>
<td>2</td>
</tr>
<tr>
<td>2. Hony. Secretary</td>
<td>1</td>
</tr>
<tr>
<td>3. Hony. Asstt. Secretary</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YOUR HEALTH (KOLKATA, WEST BENGAL)</th>
<th>NO. OF POST(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hony. Editor</td>
<td>1</td>
</tr>
<tr>
<td>2. Hony. Associate Editors</td>
<td>2</td>
</tr>
<tr>
<td>3. Hony. Secretary</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APKA SWASTHYA (VARANASI, UTTAR PRADESH)</th>
<th>NO. OF POST(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hony. Editor</td>
<td>1</td>
</tr>
<tr>
<td>2. Hony. Associate Editors</td>
<td>2</td>
</tr>
<tr>
<td>3. Hony. Secretary</td>
<td>1</td>
</tr>
</tbody>
</table>
INDIAN MEDICAL ASSOCIATION  
Nomination Form  
for the Post of  
National President Elect for the Year 2016-2017

1. Name (in block letters): ________________________________________________________________

2. Address: __________________________________________________________________________
   __________________________________________________________________________

3. Life Membership No. ________________________________________________________________

4. Name of Local Branch, IMA ______________________________________________________

5. Name of State Branch, IMA ________________________________________________________

6. Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)
   __________________________________________________________________________

Proposed by: Dr.____________________________ (CC Member)                Seconded by: Dr.____________________________ (CC Member)
Life Membership No.______________________________                            Life Membership No.______________________________
Local Branch: _________________________________                                Local Branch: _________________________________
State Branch: _________________________________                                State Branch: _________________________________
Signature: _________________________________________________________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
   2. The form duly filled giving all details should be sent in a closed envelope marked as “NOMINATION PAPER” to the Chief Election Commissioner, IMA Headquarters office, IMA house, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 1st August, 2016.
Nomination Form
for the Post of
National President Elect for the Year 2017-2018

1. Name (in block letters): ________________________________________________________________

2. Address: ____________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

3. Life Membership No.______________________________________________________________

4. Name of Local Branch, IMA ________________________________________________________

5. Name of State Branch, IMA _________________________________________________________

6. Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)
   __________________________________________________________________________________

Proposed by:                                      Seconded by:

Dr.___________________________________________(CC Member)    Dr.____________________________
   (CC Member)

Life Membership No._____________________________ Life Membership No._________________________

Local Branch: _________________________________ Local Branch: ______________________________

State Branch: _________________________________ State Branch: ______________________________

Signature: ___________________________________ Signature: ________________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.

2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA house, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 1st August, 2016.
INDIAN MEDICAL ASSOCIATION
Nomination Form
for the Post of
Four National Vice Presidents Elect for the Year 2016-2017

1. Name (in block letters): ____________________________________________
   Address: ____________________________________________________________________
   Life Member No.: ____________________________________________________________________ Name of Local Branch, IMA: _______________________
   Name of State Branch, IMA: ____________________________________________________________
   Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

2. Name (in block letters): ____________________________________________
   Address: ____________________________________________________________________
   Life Member No.: ____________________________________________________________________ Name of Local Branch, IMA: _______________________
   Name of State Branch, IMA: ____________________________________________________________
   Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

3. Name (in block letters): ____________________________________________
   Address: ____________________________________________________________________
   Life Member No.: ____________________________________________________________________ Name of Local Branch, IMA: _______________________
   Name of State Branch, IMA: ____________________________________________________________
   Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

4. Name (in block letters): ____________________________________________
   Address: ____________________________________________________________________
   Life Member No.: ____________________________________________________________________ Name of Local Branch, IMA: _______________________
   Name of State Branch, IMA: ____________________________________________________________
   Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

 Proposed by: ________________________________ (CC Member)  Seconded by: ________________________________ (CC Member)

Life Membership No.: ______________________________ Life Membership No.: ______________________________
Local Branch: ______________________________ Local Branch: ______________________________
State Branch: ______________________________ State Branch: ______________________________
Signature: ______________________________ Signature: ______________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details should be sent in a closed envelope marked as “NOMINATION PAPER” to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 1st August, 2016.
INDIAN MEDICAL ASSOCIATION
Nomination Form
for the Post of
Four National Vice Presidents Elect for the Year 2017-2018

1. Name (in block letters): __________________________________________
   Address: ________________________________________________________
   Life Member No.: _____________________________ Name of Local Branch, IMA: ____________________________
   Name of State Branch, IMA: ________________________________________
   Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

2. Name (in block letters): __________________________________________
   Address: ________________________________________________________
   Life Member No.: _____________________________ Name of Local Branch, IMA: ____________________________
   Name of State Branch, IMA: ________________________________________
   Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

3. Name (in block letters): __________________________________________
   Address: ________________________________________________________
   Life Member No.: _____________________________ Name of Local Branch, IMA: ____________________________
   Name of State Branch, IMA: ________________________________________
   Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

4. Name (in block letters): __________________________________________
   Address: ________________________________________________________
   Life Member No.: _____________________________ Name of Local Branch, IMA: ____________________________
   Name of State Branch, IMA: ________________________________________
   Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

Proposed by:
Dr. __________________________ (CC Member)
Life Membership No.: __________________________
Local Branch: __________________________
State Branch: __________________________
Signature: __________________________

Seconded by:
Dr. __________________________ (CC Member)
Life Membership No.: __________________________
Local Branch: __________________________
State Branch: __________________________
Signature: __________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 1st August, 2016.
INDIAN MEDICAL ASSOCIATION
Nomination Form
for the Post of
Dean - IMA CGP (2016-2017)

Name (in block letters): _____________________________________________________________________

Address: __________________________________________________________________________________

IMA Life Membership No.____________________________________________

IMA CGP Life Membership No.__________________________________

Name of State Faculty of IMA CGP _________________________________________________________________

Post(s) held as per eligibility criteria
as per Bye-Law 43(e) (See Annexure)

Proposed by: Dr.______________________________ (CC Member) Seconded by: Dr.______________________________ (CC Member)

Life Membership No.: ________________________ Life Membership No.: ________________________

Local Branch: ______________________________ Local Branch: ______________________________

State Branch: ______________________________ State Branch: ______________________________

Signature: ______________________________

Dean - IMA CGP (2017-2018)

Name (in block letters): _____________________________________________________________________

Address: __________________________________________________________________________________

IMA Life Membership No.____________________________________________

IMA CGP Life Membership No.__________________________________

Life Member of ______________________________ Local Branch, IMA

Name of State Faculty of IMA CGP _________________________________________________________________

Post(s) held as per eligibility criteria
as per Bye-Law 43(e) (See Annexure)

Proposed by: Dr.______________________________ (CC Member) Seconded by: Dr.______________________________ (CC Member)

Life Membership No.: ________________________ Life Membership No.: ________________________

Local Branch: ______________________________ Local Branch: ______________________________

State Branch: ______________________________ State Branch: ______________________________

Signature: ______________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.

2. The form duly filled giving all details should be sent in a closed envelope marked as “NOMINATION PAPER” to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 1st August, 2016.
ININIAN MEDICAL ASSOCIATION
Nomination Form
for the Post of
Chairman - IMA AMS (2016-2017)

Name (in block letters): ___________________________________________________________
Address: _______________________________________________________________________
IMA Life Membership No._________________________________________________________
IMA AMS Life Membership No._____________________________________________________
Name of State Chapter of IMA AMS _______________________________________________
Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure) __________________________________________________________________

Proposed by: ___________________________________________________________ Seconded by: ___________________________________________________________
Dr. ___________________________________________ (CC Member) Dr. ___________________________ (CC Member)
Life Membership No.: __________________________ Life Membership No.: ______________________
Local Branch: ________________________________ Local Branch: ______________________________
State Branch: ________________________________ State Branch: ______________________________
Signature: ___________________________________ Signature: __________________________________

Chairman - IMA AMS (2017-2018)

Name (in block letters): ___________________________________________________________
Address: _______________________________________________________________________
IMA Life Membership No._________________________________________________________
IMA AMS Life Membership No._____________________________________________________
Name of State Chapter of IMA AMS _______________________________________________
Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure) __________________________________________________________________

Proposed by: ___________________________________________________________ Seconded by: ___________________________________________________________
Dr. ___________________________________________ (CC Member) Dr. ___________________________ (CC Member)
Life Membership No.: __________________________ Life Membership No.: ______________________
Local Branch: ________________________________ Local Branch: ______________________________
State Branch: ________________________________ State Branch: ______________________________
Signature: ___________________________________ Signature: __________________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. on 1st August, 2016.
INDIAN MEDICAL ASSOCIATION
Nomination Form
for the Post of
Director – IMA Dr. AKN Sinha Institute (2016-2017)

1. Name (in block letters): _______________________________________________________
2. Address: ___________________________________________________________________________________

3. Life Membership No.____________________________________________
4. Name of Local Branch, IMA ______________________________________________________
5. Name of State Branch, IMA ____________________________________________________
6. Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

Proposed by: Dr.____________________________ (CC Member)
Life Membership No.: ______________________
Local Branch: ______________________________
State Branch: ______________________________
Signature: __________________________________________

Seconded by: Dr.____________________________ (CC Member)
Life Membership No.: ______________________
Local Branch: ______________________________
State Branch: ______________________________
Signature: __________________________________________

Director – IMA Dr. AKN Sinha Institute (2017-2018)

1. Name (in block letters): _______________________________________________________
2. Address: ___________________________________________________________________________________

3. Life Membership No.____________________________________________
4. Name of Local Branch, IMA ______________________________________________________
5. Name of State Branch, IMA ____________________________________________________
6. Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure)

Proposed by: Dr.____________________________ (CC Member)
Life Membership No.: ______________________
Local Branch: ______________________________
State Branch: ______________________________
Signature: __________________________________________

Seconded by: Dr.____________________________ (CC Member)
Life Membership No.: ______________________
Local Branch: ______________________________
State Branch: ______________________________
Signature: __________________________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. 1st August, 2016.
INDIAN MEDICAL ASSOCIATION
Nomination Form
for the Post of

1. Name (in block letters): ________________________________________________________________

2. Address: ____________________________________________________________________________

3. Life Membership No. _________________________________________________________________

4. Name of Local Branch, IMA __________________________________________________________________________

5. Name of State Branch, IMA _____________________________________________________________

6. Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure) __________________________________________________________________________

Proposed by: ______________________________________________________ Seconded by: ______________________________________________________

Dr.________________________________________(CC Member) Dr.________________________________________(CC Member)

Life Membership No.: __________________________ Life Membership No.: __________________________

Local Branch: __________________________________________ Local Branch: __________________________________________

State Branch: __________________________________________ State Branch: __________________________________________

Signature: __________________________________________ Signature: __________________________________________

Hony. Editor – JIMA (2017-2018)

1. Name (in block letters): ________________________________________________________________

2. Address: ____________________________________________________________________________

3. Life Membership No. _________________________________________________________________

4. Name of Local Branch, IMA __________________________________________________________________________

5. Name of State Branch, IMA _____________________________________________________________

6. Post(s) held as per eligibility criteria as per Bye-Law 43(e) (See Annexure) __________________________________________________________________________

Proposed by: ______________________________________________________ Seconded by: ______________________________________________________

Dr.________________________________________(CC Member) Dr.________________________________________(CC Member)

Life Membership No.: __________________________ Life Membership No.: __________________________

Local Branch: __________________________________________ Local Branch: __________________________________________

State Branch: __________________________________________ State Branch: __________________________________________

Signature: __________________________________________ Signature: __________________________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.
2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER” to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. 1st August, 2016.
INDIAN MEDICAL ASSOCIATION

Nomination Form
(Common for all posts of Other Office Bearers as per list attached at Page-2
[ For one term of two years i.e. 2016-2018 ]

For the Post of ____________________________

1. Name (in block letters): _______________________________________________________________________

2. Address: ___________________________________________________________________________________

__________________________________________________________________________________________

3. Life Membership No.____________________________________________

4. Name of Local Branch, IMA ________________________________________________________

5. Name of State Branch, IMA ___________________________________________________

6. Post(s) held as per eligibility criteria

as per Bye-Law 43(e) (See Annexure) _______________________________________________________

Proosed by: Dr.____________________________ (CC Member) Secoend by: Dr.____________________________ (CC Member)

Life Membership No.: ____________________________ Life Membership No.: ____________________________

Local Branch: ________________________________ Local Branch: ________________________________

State Branch: ________________________________ State Branch: ________________________________

Signature: ________________________________ Signature: ________________________________

NB: 1. Only members of the Central Council of IMA are entitled to Propose and Second a nominee.

2. The form duly filled giving all details should be sent in a closed envelope marked as "NOMINATION PAPER" to the Chief Election Commissioner, IMA Headquarters office, IMA House, Indraprastha Marg, New Delhi-110 002 so as to reach the office on or before 5.00 p.m. 1st August, 2016.
Bye Law 43 : Election of Office Bearers

B. ELECTORAL COLLEGE
The Electoral College for all posts of IMA (HQs.) and all its wings shall be the members of the Central Council (Regular member, Ex-Officio Members, Office Bearers and members of the Central Working Committee), whose names have been received at IMA(HQs.) from various branches on or before 31st March in the year the elections are to be held (vide Rule 20-A).

C. TERM
The term of office bearer like National President-Elect, National Vice Presidents, Dean of IMA CGP, Chairman, IMA AMS, Director, IMA AKN Sinha Instt., Editor, Journal of IMA shall be one year. Two sets of such office bearers shall be elected every alternate year for the specific year.

The term of all other office bearers like Hony.Secretary General, Hony. Finance Secretary, Hony.Joint Secretaries, Hony. Joint Finance Secretary, Hony. Asstt.Secretaries of IMA HQs.and Hony. Secretaries and Hony.Joint Secretaries of various wings shall be of two years and the election shall be held every alternate year.

D. SCHEDULE OF ELECTION

a. Notification
Election Commission shall follow the election schedule as under:-

(IN the year - Elections are held)

Invites nominations from amongst the Central Council Members / CWC members on or before (Notification) 1st July

Last date for receiving the nomination 31st July - 5 PM

Scrutiny of Valid nominations and informing the candidates by Regd post 14th August

Submission of consent alongwith necessary remittance for election OR Last date of withdrawal (Note-1) 31st August-5 PM

Disptach of ballot papers latest by (Note - 2) 15th September

Last date of receipt of duly filled in Ballot Papers 31st October, 5 pm

In case the 31st October is a Gazzetted/Postal Holiday then 5.PM of the next working day shall be the valid time to receive the ballots

Counting date to be decided by Election Commission and candidates to be informed at least 2 weeks in advance.

**Note 1** Any member desiring to contest, must inform the Election Commission about his/her consent in writing on printed letter head alongwith a nomination fee (non refundable) of Rs.1 lac for the post of National President Elect; Rs.50,000/- for the post of National Vice President & Honorary Secretary General and Rs. 30,000/- for all other posts or convey his/her withdrawal on or before 31st of August. Non receipt of any communication/nomination fee shall be interpreted as withdrawal of the candidate. **

**Note 1(a)** All payments will be received in the Election Commission office through Bank Demand Draft / Pay Order only. No Cash / Cheque to be accepted **

**Amendments duly approved by the Central Working Committee of IMA at its 213th meeting held at New Delhi on April 11 & 12, 2015 duly ratified by the Central Council at its 76th meeting held at New Delhi on December 27 & 28, 2015**

**As per the decision of the Election Commission duly approved by the Central Working Committee of IMA at its 207th meeting held at Mumbai, Maharashtra on April 4, 2012, duly ratified by the Central Council at its 73rd meeting held at Kanyakumari, T.N. on December 27-28, 2012**

**Note 2** The envelope containing one big envelope, three smaller envelopes and three sets of Ballot papers alongwith the instruction sheet duly issued by the Election Commission shall be posted to all the members of the Electoral College - The number printed on the envelop shall be entered in the master list of Electoral College - which shall be used for UPC or other modes (Registered Post/Speed Post) by the Post Office of dispatch.

**Note 3** In the event of non receipt of Ballot papers by the member Electoral College the written request for duplicate ballot shall be entertained by the Election Commission on or after the 5th October and up to 25th October only. Once the request for the duplicate ballots is received and the duplicate ballot is sent; the original ballot shall be automatically invalidated.
E. ELIBIBILITY CRITERIA FOR VARIOUS POSTS
For National President and National Vice Presidents
1. Must be a Life Member of IMA for atleast 10 years
2. Should have held an office at either State or Branch or IMA Headquarters level.
3. Should have no outstanding dues in IMA
For Hon. Secretary General/ Hony. Finance Secretary/Dean, IMACGP/ Chairman, IMA-AMS and Hony. Editor, JIMA
1. Must be a Life Member of IMA for 10 years
2. Should have held an office at either State or Branch or IMA Headquarters level.
3. Should have no outstanding dues in IMA
For All Other Posts
1. Must be a life member of IMA, with at least 10 years of membership of IMA
2. Must have held the office at either Branch or State level or at IMA Headquarters
3. Should have no outstanding dues in IMA

F. ELECTION PROCEDURE
1. Election Commission shall get the ballot papers printed indicating the name of (a) Post (b) the year for which the election are held (c) the ballot paper shall be signed by at least two members of the Election Commission or their nominee.
2. The ballot papers should not be numbered.
3. Three plain envelopes shall be printed without number for containing ballot papers in it. (with adequate information printed on it). One for two sets of ballot papers for the post of National President Elect, National Vice-Presidents and one for Dean-IMACGP, Chairman-IMAAMS, Hony. Editor-JIMA and Director-IMA AKN Sinha Institute. Year of election to be printed on it and the third one for all Other Office Bearers.
4. One bigger envelope shall be printed (duly numbered) with self address of Election Commission and details of sender including signature on the same.
5. Two set of ballot papers for National President elect and Vice-Presidents for each year and one set for all office-bearers shall be dispatched to the members of Electoral College by UPC/ Registered Post/Speed Post as per the scheduled date by the Election Commission. The detailed instructions for casting vote year wise putting them in respective small & bigger envelop and filling up the outer cover with signature etc. needs to be mailed to each Central Council / Central Working Committee member. It should be made clear that after casting the votes the outer envelope should be sent by registered post/speed post/courier.
6. The Ballot papers shall be received by the Election Commission or any of their nominee and the same shall be entered in a separate register date wise maintained for this purpose only and put all the envelopes in a bigger envelope and seal the same and kept in the almirah provided for this purpose.
7. On the last date of receipt of ballot papers, the Election Commission shall place and seal all the ballot papers alongwith a summary thereof and authenticated statement of receipt of ballots in a steel box duly sealed to be kept in his safe custody alongwith the list of Electoral College which has been used for posting of ballot paper.
8. While sealing this box the candidate or his observer shall be permitted to be present there.
9. The Election Commission shall decide the date of counting which shall be communicated to all the candidates two weeks in advance.
10. The scrutinizers shall be appointed by the Election Commission for the purpose of counting. The counting shall be held under the overall supervision of the Election Commission.
11. The counting shall be carried out at IMA House, New Delhi and the procedure for the same shall be announced by the Chief Election Commissioner there and then alongwith his report.
12. The candidate will be allowed to observe the counting or he may depute an IMA member to be his observer in case he is not attending the counting. (information of the same has to be provided to the Election Commission well in time.)
13. During the counting any objection from any candidate or his observer will be considered by the Election Commission and will be disposed off there and then.
14. At the end of the counting the Chief Election Commissioner will compile a summary of invalid votes and shall announce the result on the same day and issue the necessary letter to all the successful candidates.
15. Neither any candidate nor any observer shall be permitted to handle any ballot paper

G. CRITERIA FOR INVALIDATION
(a) Outer Envelop
(i) Received after the last date.
(ii) Received in any envelop other than the prescribed envelop supplied by Election Commission.
(iii)Received by ordinary post or by hand.
(iv) Name, address and signature of Central Council members/CWC member not there.
(b) Inner Envelope
(i) If Inner Envelop is other than the supplied one.
(ii) Any mark of identification.
(c) Invalidation of Ballot Paper
(i) Any signature/mark of identification on ballot paper.
(ii) If number of votes cast is more than the votes asked for.
(iii) Any cutting or over writing.

H. COUNTING OF VOTES
i) All valid inner envelop shall be opened and the set of ballot papers be separated and put the respective ballot paper in separate basket.
ii) Bundles of 50 ballot papers to be prepared
iii) Counting for each post to be conducted by a separate group of scrutinizer
iv) Invalid ballot papers duly signed by the scrutinizer with reason to be kept separately and the Election Commission to be informed about the same and handed over separately.
v) Total of vote received by each candidate to be compiled and handed over to the Election Commission duly signed by the scrutinizers
vi) Result to be compiled by the Election Commission.