



THEN INDIA SANMARGA IKYA SANGAM

(INCORPORATED)

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HEAD OFFICE, NADI, FIJI
P O BOX 9
NADI
FIJI ISLANDS

Note : Any information given found to be false will result in the nomination being declared null and void.

2025 - NOMINATION FORM FOR TIM SANGAM NATIONAL EXECUTIVE POSITION

Nomination for the Position of _____

(To qualify to contest for any positions interested persons must full fill the pre-requisites or qualification criteria as per the Memorandum of Articles and Rules and Regulations of TISI Sangam).

FULL NAME OF NOMINEE: _____

FATHER'S NAME: _____

OCCUPATION _____ D.O.B _____

POSTAL ADDRESS: _____

RESIDENTIAL: _____

TELEPHONE: BUSINESS _____ RESIDENTIAL _____ MOBILE _____

EMAIL ADDRESS: _____

Life Membership No: _____ DISTRICT _____ BRANCH _____

POSITIONS HELD IN SANGAM in the last Five years

Year 5 _____

Year 4 _____

Year 3 _____

Year 2 _____

Year 1 _____

District Positions verified by -----(nominee needs to get this verified by the District.

National Executive Positions verified by -----(nominee needs to get this verified by the TISI Head Office)

NOMINATED BY _____ F/N _____

MEMBERSHIP ID NO _____ SIGNATURE _____

SECONDED BY _____ F/N _____

MEMBERSHIP ID NO _____ SIGNATURE _____

I _____ hereby consent and agree to be nominated for the stated position.

Signature : _____ Date : _____

DECLARATION (CHARACTER)

- 1) Have you been convicted at any time of any offence?

Yes	
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No	
----	--
- 2) Are you currently facing any criminal charges?

Yes	
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No	
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- 3) Have you been declared a bankrupt or facing bankruptcy?

Yes	
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No	
----	--
- 4) Have you ever been rejected to contest for elections for TISI in village, branch, district or National level.

Yes	
-----	--

No	
----	--
- 5) Have you faced any disciplinary action by TISI or had your membership suspended for any period of time?

Yes	
-----	--

No	
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If you have answered Yes to any of the above questions, then please explain in detail in the space provided below:

I _____ hereby confirm that all information provided by me is correct and I have not received any assistance on this from any person or persons.

I further agree to abide by the decision of the nominations committee or any such individual appointed to make decision on the validity of the nomination and for me to contest for the nominated position.

I agree and declare that this will be the final decision.

Signed : _____

Name : _____

Date : _____

FOR OFFICE USE: Date received _____

MEMBERSHIP VERIFICATION _____

REMARKS _____

ACCEPTED/REJECTED BY NOMINATION COMMITTEE

SIGNATURE: _____ **DATE** _____

(ALL SECTIONS MUST BE FULLY COMPLETED BY THE NOMINEE)